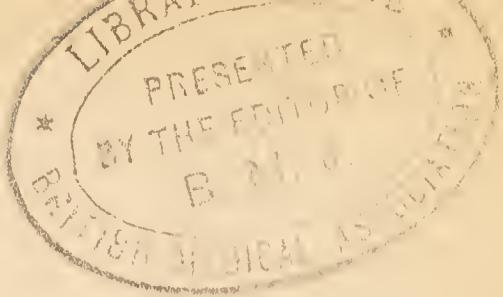


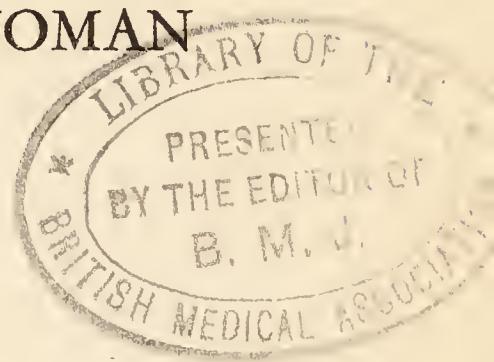
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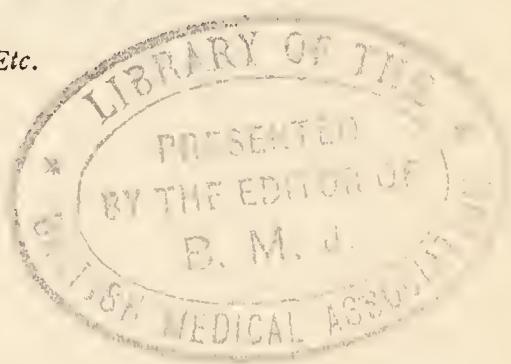


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THE CRITICAL
AGE OF WOMAN

BY

WALTER M. GALICHAN

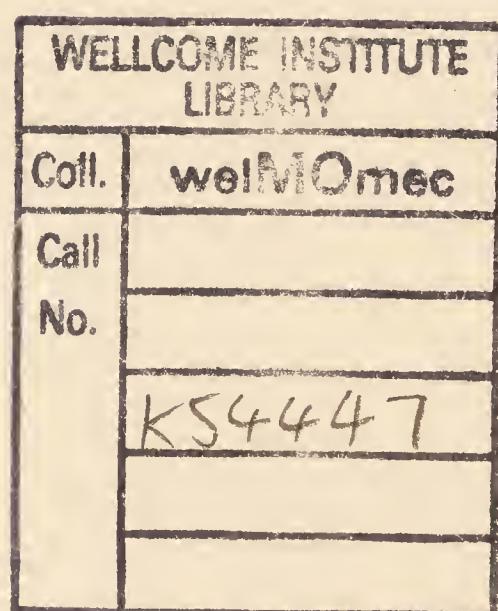
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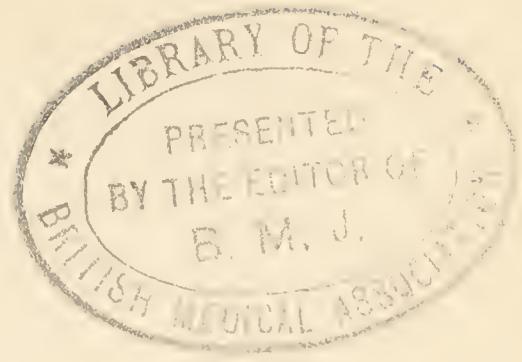


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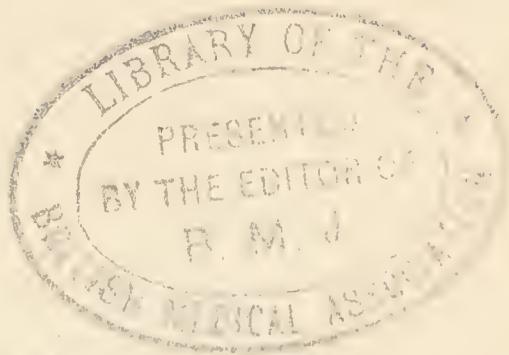
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THE CRITICAL AGE OF WOMAN

CHAPTER I

THE SUPREME FUNCTION OF WOMAN

A FEW weeks before beginning to write this book I received a letter from a lady correspondent, asking me to advise her respecting the strangely altered mental attitude of her sister, who had reached "the change of life." She feared that the prejudice which her sister had shown almost suddenly towards her husband and children would lead to domestic trouble. Later, on the day that I received this letter, I met three husbands who were very seriously perplexed by the strange conduct of their wives, who had reached the Critical Age.

The menopause, climacterium, or, as it is commonly called, "the change of life,"

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is a period in the life of woman often fraught with danger to health of body and mind. It is a perfectly normal or natural occurrence; but in the highly civilised communities, where life is "artificial," complicated, and more or less abnormal, this crisis is very frequently attended by marked aberrations of a mental, moral, and emotional character, and by specific physical disorders. The psychic disturbances at this stage in a woman's life are more palpable and far reaching in their effects upon the individual, the family, and relations than the bodily symptoms. For this reason the phenomenon should be examined psychologically as well as physiologically. Undoubtedly, the physical changes in the organs and in the chemistry of the body deeply influence the mind and feeling. But the material theorists of the type who refer all psychic or mental and nervous ailments to a "sluggish liver," auto-intoxication, indigestion, or anaemia have been wont to describe the mental manifestations of the climacteric stage as the sole result of changes in the generative system.

There is no question for those who have exercised observation and reflection that the Critical Age is rendered far more distressing than it need be through the

profound ignorance of their sexual nature, which traditional authority has imposed upon women. Reared in an atmosphere of self-deception, fallacy, or sheer ignorance, women misunderstand the simplest fundamental truths about their emotions, cravings, mental and physical organisation, and functions. It is fairly certain that there are not ten women in every hundred who could give even a crude theory to account for the monthly crisis. Yet this rhythm is related vitally to all the qualities, virtues, and attractions known as feminine or womanly, and is a matter of supremely important psychological and social bearings of a direct and indirect order. Most of the trials of the Critical Age at middle life are foreshadowed in the days of early maidenhood, when the girl is confronted with a strange and usually alarming manifestation, without suitable instruction from the mother.

If the attitude of mind towards a powerful yearning or a bodily function is distorted or perverse, there is every chance that the longing will give rise to mental and moral conflict, or to positively morbid symptoms, and that the physical function may become deranged through the action of the mind. The sex-life of

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woman is continual. It begins in the unborn child whose body already contains the generative germ. At birth there may be found three hundred and sixty thousand potential life-giving seeds in a female infant. In the ovaries of a child of a few weeks old follicles, exactly resembling those of adult women, have been noticed. Long before puberty, or the beginning of menstruation, perfect ova exist in the immature body. At fourteen these ova (eggs) ripen fully, and are expelled at the first monthly course. Menstruation has been recorded at the age of three, and even from the time of birth in rare instances.

It should be known by all women that the maternal or reproductive function is truly a continuous process from childhood to the middle period of life, and in some instances even later. Before puberty, at fourteen, the generative system plays an active part in the upkeep of the body, and the deficiency or the excess of certain important internal secretions has a direct influence upon the mind, the sentiments, and the character. Any attempt to set the sexual life aside as a phase or a phenomenon unrelated to the general chemistry of the body, or as something unconnected with the whole emotional

tone, the moral tendencies, and the mental aptitudes, is an attempt to belittle the immense importance of sex. In the past ascetic contempt for the human body, the dread of erotic passion, and the ignorance of physiology and the generative processes played havoc with the intellectual attitude towards sex. This fear and prejudice acts malignly upon the minds of both sexes, but more especially upon the minds of women.

The sex experiences of very young children demonstrate that Nature, in her extreme solicitude for the reproduction of the species, seems determined that the cells of generation shall be developed at the beginning of life, and shall serve a double purpose. It may appear anomalous that an infant should feel sexual excitation, but it is quite beyond dispute that such feeling exists. Subconsciously, there is always sexuality in the young child, which may become precociously manifest by the indiscretion of over fond parents, who are entirely unaware that such manifestation is possible. There is little doubt that the seeds of the sexual perversions and pathological signs are sown in early childhood.

In youth the erotic, or sexual, impulse becomes more complicated and often

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deeply conscious and bewildering. The rearrangement of the whole physical system is accompanied by a readjustment of thought arising from surprising and novel sensations in the body. Few civilised persons pass through this adolescent period without perplexity, misgiving, moral conflict, a quickening of the conscience, and a sense of guilt derived from the traditional fears and the current ethical and social theories. At the time when ideas of love, and vague, half-conscious sex emotions are wont to dominate, we are actively conscious of the "wickedness" of entertaining the thoughts and experiencing the desires. Can it be doubted that the neurotic disturbances, the hysteria, and the actual insanity often occurring about the age of puberty are very frequently the consequence of dread and conviction of sin arising from ignorance? Admitting that the religious sense is more acute in girls than in boys, is it strange that so many women suffer mentally at each crisis of their lives from the beginning of the menstrual function till old age? The wonder is that any civilised women entirely escape psychopathic disorder of a marked character. The common association of sexual desire with uncleanness

or guilt is sufficient to produce moral conflicts in sensitive brains; and much of the physical and mental invalidism of women springs from fears and resistances grounded in ancient and barbaric tabus and rituals.

The statement that women are more sexual than men is often misunderstood, and regarded as an unproved generalisation, or as an aspersion upon womanhood. Every woman reared in the conventional method tends to prudery in her view of sex. It is not only the uneducated or the ill-educated who talk shamefacedly of "our low animal instincts." Women of the so-called "higher education" are frequently ignorant to a dangerous degree concerning the vital passion and the physiology of sex. It is necessary, therefore, to explain what is meant by the sexual sway in the life of woman. Women are not more *sensual* than men, though they are more *sexual*. These two words are often confused one with the other, and are apt to mislead.

Sexuality is not a sin, but a physiological fact. Child-bearing is a duty involving a train of sexual processes preceding conception. We may say that the whole organisation of woman contributes to the giving of life. Small and appar-

ently insignificant glands in parts of the body remote from the reproductive apparatus have an active influence in the task of generation, and directly affect the emotions. There seems to be sound evidence that free ovarian secretion is connected with erotic ardour, and that a deficiency produces "coldness" or sexual anaesthesia. It is held that the substances produced in the thyroid gland in the neck are distributed through the body, and provide a stimulus to the spinal centre and the sex organs. We might say that a great passion may arise in the thyroid body as well as in the heart, and in saying this we do not undervalue the spirituality of a noble emotion.

The extent and the diffusion of the "erogenous zones" in women is one of the main evidences of the dominant sexuality of women. These excitable centres are considerably less in number in men, and are restricted almost entirely to the genital parts. In women the zones are often found in parts of the body remote from the main centre in the sexual organs, as, for example, in the scalp and hair, the eyes, the lips, the breasts, and the hands. Furthermore, the periodicity of women during thirty years or longer is a profoundly important sexual function, and

one affecting the body and mind in such a marked degree that women have been called perpetual invalids.

The body of woman is continually undergoing a preparation for motherhood. She stores up fat for the nutriment of offspring in the womb. Her blood is thinner than man's, her temperature normally higher, and her resistance to disease greater. Woman has her specific maladies, but her chances of life are higher than man's, and she lives longer. Her mind is constantly pre-occupied with thoughts of love, with yearning for man's affection, with the longing for maternity, with solicitude for her partner and for her children. She retains the infantile type of body, and often the childish type of mind. Her brain is potentially, and very frequently actually, as vigorous, inquiring, and reasoning as man's, but her opportunities of culture and experience of life have been grievously limited, partly, as alleged, through patriarchal domination, but also through her willing self-denials in the interest of her children and the exacting employments of domestic life.

CHAPTER II

THE CYCLIC LIFE

As periodicity begins so will it end. The proportion of instances of what may be described as completely normal menstruation are comparatively few among the women of the civilised and town-dwelling communities of to-day. The evidence that primitive women and many peasants escape most of the pains and disturbances of this process shows that refinement and urban life have a sinister influence upon the function. A "bad time" in the earlier days of the monthly occurrence presages trouble at the period of cessation. Volumes in all languages have been written by physiologists and physicians on the mechanism of menstruation and the attendant ailments. But in most of these works the psychological aspect of the menses has occupied the minor part, and in the older treatises there is only scanty reference to the psychopathic symptoms.

The monthly cycle is not a sign of

disease, nor is it a necessary depletion of blood, as the ancients imagined. It is a normal happening with normal psychic accompaniments. We do not regard the irritability or depression caused by the poisons of fatigue in the brain as an abnormal or pathologic state. There is nothing abnormal in the common irascibility or the despondency of the average woman during her periods. At the same time, these manifestations may puzzle and sadden the sufferer, and react detrimentally upon the husband, the family, and subordinates. A woman may say at this crisis that she is "not herself"; but this does not imply real illness. There are, however, certain derangements and diseases which are likely to occur during the menstrual period. The function has even been described as "a natural infirmity."

The Meaning of Menstruation

There are various theories attempting to account for the periodic flow, but the true import of the phenomenon remains a mystery. It has been asserted that menstruation is the result of "the upright position of the human female." There is the view that the manifestation is an

inherited malady, and many of the older physiologists maintained that, as women make more blood than men, a monthly discharge is necessary for health.

The assumed association of the menses with ovulation, the production of ova (eggs) in the uterus or womb, was not noted until modern times. In normal women, during the menstrual life, there is a periodic ripening of the ovum, which is enclosed in a vesicle or follicle. The ovum is produced in the right or left ovary, on either side of the womb, and it ascends through the Fallopian tubes into the uterus. What causes the monthly expulsion of blood? This is a question that cannot be answered positively. It was surmised formerly that the discharge was from the lining of the womb, and that this was an essential preparation for conception and child-birth.

The opinion that menstruation is the necessary accompaniment of the maturing or ripening of an ovum loses weight when it is known that ovulation begins before birth, and is a process lasting sometimes to old age. Women who have had the ovaries removed may still menstruate. Excessive discharge has been noticed in the case of women who had neither ovaries nor Fallopian tubes, and menstruation

may be absent when the ovaries are intact. We are bound to admit our ignorance of the real meaning of the monthly expulsion of blood, though it may appear to be related in some way to the production of mature ova.

The periodicity of women is identical with rut or heat in the mammals (suckling animals). Heat is the state when the sexes among animals desire one another, and it occurs at regular intervals. In the elephant heat is said to occur once in two years. In the rabbit and other small mammals the condition recurs after lapses of a few weeks. Cows in the domestic state may show signs of heat every three weeks. With women, as with the highly evolved mammals, and especially domesticated animals, the higher the evolution the more frequent is the occurrence of menstruation. Among monkeys, the baboon, the orang-utan, and the chimpanzee have menstrual discharge and heightened sexual impulse at intervals.

In primitive races there is a tendency towards seasonal rut or heat. During the long Arctic winter the Esquimaux do not experience the same intensity of erotic excitement which they exhibit with the return of spring. In tropical countries

there are instances of heat occurring twice a year among primitive people. The Australian natives celebrate the recurrent arousing of the sex instinct by symbolic dances. The erotic festivals among some of the tribes of India instance the existence of seasonal desire. In extremely cold climates menstruation may only occur in spring. There are cases recorded of women living in temperate zones who only menstruate twice a year, and at the same time evince sexual excitement.

There is now a mass of evidence proving the analogy between heat in animals and menstruation and heightened desire in women. I shall refer again to this important matter when dealing with the hygiene of the menstrual period. What I wish to emphasise is the fact that the higher the type, the more frequent is the occurrence of menstruation, and the stronger, more insistent, and frequent are the signs of erotic emotion. Moreover, in the higher animals we find a recurrent menstrual flux resembling that of the human female. With civilised women, especially among the upper classes, the cultured, and the town-dwelling, the flow is usually more copious than among the primitives and the uncultured peasants. Refinement of living seems

to complicate the menstrual process, while it also undoubtedly intensifies the passion of love.

The Law of Periodicity

Throughout Nature there is a law of cycles. There is periodicity in the coming of the seasons, in the phases of the moon, and the ebb and flow of tides. All the bodily organs have a rhythmic or periodic action from the heart to the uterus. From early days there has been an association of love with the rhythm of the moon. In some ancient nations moon-worship succeeded sun-worship. The sexual period, occurring every twenty-eight days, is the lunar period.

It has been observed, especially in Europe, that a fair proportion of women undergo a spurious or real form of menstruation between the ordinary monthly course. In some cases there is a sanguineous flow, or there may be characteristic pain without any discharge. The occurrence of this in-between period, or "double menstruation," is another instance of the tendency of this function to become more frequent and more intricate among the civilised nations. There is also a tendency for the flow to

last longer among the cultured races. Among American aborigines the average period is two days; but among Europeans and the Western white people the flux continues from three to five days.

The amount of blood discharged each month is probably between one hundred and two hundred grammes. Usually, the first signs are noted at the age of fourteen, though they may be seen earlier. A deferment of the function for a year or two is not necessarily a bad sign. But, generally speaking, delay in menstruation at the right age may indicate future derangement of the ovaries and the uterus, while a frequent and very abundant flow suggests a congested state of the organs. A long deferred appearance of the menses, followed by irregularity and a scanty flow, is symptomatic of imperfect development of the generative system.

Menstruation is simply the climax of a process of a continuous activity. During the whole of the month constant bodily and mental rhythms are noticeable in women. This variability has been frequently compared to living in curves. At the summit of the curve a woman attains the height of her power, and this stage is reached a few days before the appearance of the monthly course. There is also an

upward curve of a less marked character a few days after the cessation of the menses. There is an increase in the pulse-beats, increased blood pressure, and a higher temperature at the approach of the culminating period. The thyroid, tonsils, and other organs are swollen. There is some change in the composition of the urine, and there is often an increase of urea before the flow.

There is probably not a single organ of the body uninfluenced by the cycle. The eyesight is more or less affected, and this is sometimes associated with painful headaches and palpitation of the heart. At the onset of the discharge the pulse rate is slower, the temperature rises, and there is often engorgement of the blood-vessels. The breasts may be slightly enlarged and tender. There is a frequent desire to relieve the bladder, and a larger amount of urine is expelled. The appetite is affected, the digestion is sometimes deranged, and flatulent colic is a common symptom. There are changes in the skin, and a tendency to heightened colouring, which is notable in the ring surrounding the nipple and in the features. There is a specific odour from the skin exhalations.

Menstruation often causes a deepening

of the voice, a fact well known to professional singers. There is a sense of fullness and discomfort in the internal reproductive organs, and often sharp pain. If the pains are very severe at each period there is probably a defect in the structure of the womb. It is estimated that forty-six to fifty-two per cent at least of women suffer more or less at the period. Occasionally delicate women endure less pain during the flow than women of a healthier physique. An inquiry among two hundred and sixty-eight women showed that ninety-four recorded an absence of pain, and even discomfort, at the menstrual period. It is important to note that the women who suffer the least, or escape the common troubles entirely, take a considerable amount of physical exercise.

Is menstrual pain inevitable? If we grant that the process is physiological, and not pathological, should it be accompanied by pain and disorder in about fifty per cent of cases? There is no scientific evidence that pain is *necessarily* associated with menstruation. But as comparatively few persons of either sex, living in high pressure and unhealthy conditions, can be described as perfectly well and normal, we must expect to find disturbance at critical cycles. Menstrual

pain is so prevalent that we have practically decided to regard it as a normal occurrence. Women are expected to be "unwell" every twenty-eight days. Do not the instances of immunity from pain prove that suffering is not the universal and inexorable rule?

The Effect of the Mental Attitude Towards Periodicity

Strange as it may seem, the "Woman's Question" is intimately connected with the periodic function. The greater part of the "mystery" of woman arises from menstruation. Folklore, legend, and primitive superstition abound with evidence that the periodicity of women has given rise to fear, horror, dislike, disgust, awe, reverence, worship, and the ascription of holiness. It is impossible to survey the question of the position of woman as an individual, a member of the community, and a socialised human being without an inquiry into the mental attitude towards menstruation.

The primitive view of the periodic phenomenon in women is that it is dangerous. This idea seems to have originated in the widespread barbaric horror of blood. This superstitious awe

and dread is by no means confined to menstrual blood. Among many savages all blood is tabu and must be shunned. Now, fear is curiously associated with veneration, not only in primitive, but in civilised, minds. We find, therefore, what appears to be absurd inconsistency in the uncultured attitude towards the menstruating woman. Sometimes her influence is malign, and at others beneficial. Fear often symbolises a wish. The men who dreaded the "unclean" woman also regarded her as desirable, and even sacred.

The seclusion of women during menstruation, the time of "uncleanness," has been attributed to hygienic motives, to a degraded primitive estimate of women, based upon her evil influence at the period, and to the state of holiness and supernatural power attained periodically. We imagine that "unclean" and "holy" have widely different meanings. But among the ancient Hebrews unclean signified holiness. The forbidden animal was not foul, but sacred. The pig must not be eaten, not because it is dirty, but because it was originally holy. A woman during menstruation is tabu through the fact that her condition places her on a level with kings, priests, and other divine

persons. She possesses a spiritual influence which must be carefully preserved by seclusion. This influence may be baneful, or it may be beneficial. The woman is potentially a magician, a miracle-worker, and she may work good or evil charms. The isolation is not only for the protection of the tribe. It is also for the protection of the woman against evil forces.

The malign influence of women during the periodic cycle was like that occasionally exercised by sacred persons such as kings, prophets, and soothsayers. Hence the mingled feeling of veneration and suspicion of evil. The survivals of this attitude are notable in our own time. We may note them whenever the question of the status of woman is discussed. This awful veneration is at the basis of the witch mythology. It is instanced in the worship of female deities, in ascetic recoils from woman as the source of impurity, in misogyny, and in sexual segregation. It is still believed that a woman in her period can spoil the process of sugar-boiling if she enters the factory. Doctors existed up to 1878 who gravely discussed the question whether a menstruating woman exerted a maleficent influence upon the salting of hams, and one of

them asserted that "meat will be tainted if cured by women at the catamenial period."

Surgeons will not operate during the menstrual flow, though Dr William Goodell states that it is "the very best time" for performing certain operations upon the internal organs. Musicians say that the approach of a woman during the period will cause harp and violin strings to break. Milk is turned sour, vintages spoiled, and clocks stopped by menstruating women. There is no end to the fables and the fallacies concerning the weird influence of the woman at her period. Are we not solemnly warned by many of our publicists that women are entirely unfitted for some of the professions and for positions of responsibility and authority because they exercise the menstrual function?

Probably the oldest theory accounting for menstruation is the snake story. This phallic reptile has always been a danger to women. The Brazilian girl at puberty must not wander in the woods, or serpents will assail her. The Basutos appear to reverence the snake, for their young girls dance before a clay figure of a serpent. The first menstrual period on record is alleged to be the result of a snake-bite

on the genitalia. The serpent tempted Eve, and led to the Fall of Man. The Germans used to believe that a hair of a woman at menstruation would change to a snake if buried in the ground.

The Esquimaux who comes near a girl at her period will have no luck in his hunting. Touching the food of a woman at this time causes bodily infirmity. A glance from a woman when "unwell" will turn an Australian native into a tree. In many parts of the world the mere look of a menstruating woman is disastrous to a man. Women in this condition must not approach cattle, or they will kill them. They must avoid the kitchen and the pantry, for their presence will poison the food. Any food cooked by them at this period is tabu to men. If a menstrual woman comes to the waterside, no fish will be caught, and her presence in a boat is certain to result in a storm or a wreck. Women during the menses must avoid all temples and sacred groves. The early Christians forbade women to enter churches while "unclean." Part of the curse in Eden is the penalty paid each month by women.¹

¹ For further instances of tabu see *The Golden Bough*, Prof. Frazer, *The Mystic Rose*, Crawley, *The Old-Fashioned Woman*, Elsie Clews Parsons, and *Man and Woman*, Havelock Ellis.

The ascetic fanatics invented a whole vocabulary to illustrate the dangerous nature, the impurity, and the wantonness of woman. One of these critics described woman as a "fiend," on account of the menstrual function. Another likens her to a "sewer." Woman is "the gateway of perdition," "a fuliginous sink," "a sack of dung," "twelve times impure," etc. I need not occupy space by giving further examples of the mental attitude of a great number of pious ignoramuses towards their mothers and sisters. But women who, as a sex, tend to venerate ancient authority and hoary tradition may well ask themselves whether discrimination is not highly necessary in their reverence. These archaic views and utterances still bias the masculine and the social judgment upon women, and to a large extent influence the ideas of women themselves concerning their own sex.

The religious tabus and rituals have greatly influenced the psychic attitude of both sexes towards menstruation. The Talmud and the Old Testament contain definite regulations regarding the "purification" of women, and command abstinence from sexual intercourse at the period. Moses decreed that the woman with "an

issue" should be unclean for seven days, and during that time everything that she touched was defiled. If a man touched the woman's bed, he was bidden to wash his clothes, and remain unclean till the evening. Intercourse at the period rendered the man unclean for seven days. On the eighth day after the cycle the woman was exhorted to take two turtles, or two young pigeons, to the priest at the tabernacle, one for a sin offering and the other for a burnt offering. This ritual is undoubtedly associated with the modern repugnance shown by some women towards the function, and the reproach of the "impurity" of women, expressed alike by cynics and ascetic pietists, was probably derived from the ancient religious ordinances and the primitive tabus.

The beneficent power of woman at the monthly crisis must not be overlooked. There was talismanic virtue in woman at this time, and she was said to be electric, or in communication with the stars. Led by the growing crops, in a state of nakedness, she could charm away insect pests. If she uncovered her body during the period hail and lightning would be prevented. Pliny asserted that a naked woman, even when not menstruating, could calm tempests. There are many

references to the medicinal, magic, and love-evoking virtues of menstrual blood.

The Woman's View of the Periodic Function

My chief contention throughout this treatise is that the mental attitude towards menstruation and the cessation of the function reacts upon the mind, affects the health during the puerperal, or child-bearing period, and complicates the change of life. The process is secret, hidden, even "shameful." It has been described as "the monthly humiliation," and a "degradation." I have heard a woman declare that her sex are "disgusting." There are instances of women of a neurotic or hysterical type avowing a loathing for their own sex. These are extreme or morbid examples; nevertheless, there is a fairly widespread repugnance among women towards this inevitable physiological occurrence.

Unquestionably, this natural phenomenon may become a veritable ordeal through disturbances, irregularity, and general discomfort. At the best it is a process that very many women resent, and that most regard as a somewhat serious inconvenience. The function is

apt to interfere with some occupations, and with social pleasures and amusements. Effort to conceal the condition, even from intimates, is more or less a strain in many instances. Excuses have to be concocted for disinclination for work or play, for refusing social invitations, and for mental depression. The usual plea is a severe headache. Moreover, there are concern and annoyance at the sudden and unexpected, and often quite inopportune, appearance of the period. Women are wont to lament this "disability," and they envy men for immunity from this constantly returning "penance" of womanhood.

Is woman's repulsion against periodicity in sex function an entirely natural feeling? We can only answer that before the development of the sense of shame in the possession of reproductive organs, and the growth of sex tabus and rites, it is highly probable that women were not repelled nor disturbed by the manifestation. Still, there is little doubt that disgust is a very ancient human feeling, and that it is shown towards supposed dangerous things. The savage looks upon all the secretions of the body, as well as the excretions, as harmful or unclean. Even to-day many "educated"

people believe that the seed of generation is an impurity and of the nature of excrement.

Now, it is obvious that the organs of sex and of excretion should arouse disgust in primitive minds, for the office of these organs was regarded chiefly as the ejection of the harmful. Menstruation is considered as the rejection of superfluous and injurious fluids from the body. A tabu is set upon the organs of generation, and especially the female organs, because they are active in the process that excites fear or disgust. The parts themselves are judged dangerous, and they must be veiled or covered lest their malign influence should spread.

Tradition dies a very hard death. It is still the view of many persons of both sexes that the sanguineous fluid expelled at menstruation is highly dangerous, especially to men; and there have been attempts to trace the beginning of venereal diseases from this source. It is perhaps needless to state that this view has no scientific support.

As the outward and visible sign of a capacity for motherhood, the menstrual process should be highly respected by all women. Regarded in this light, the disgust may vanish entirely, or become

negligible. We find that the woman who has some knowledge of physiology and reproduction is able to subordinate or to banish the ideas of humiliation or disgust. She is capable of taking a broad and rational view of the great scheme of Nature, and willing to submit uncomplainingly to her decree. It is undeniable that as human beings advance in culture and powers of reflection and judgment, the sources of disgust greatly diminish in number.

If we think only of the sexual organs as ducts of excretion, this lopsided view will tend to create repugnance in some minds. On the other hand, if we regard this region of the body as sacred, dedicated to the service of the race in the procreation of offspring, and intimately linked with the finest and most beautiful human emotions, we shall check the primitive tendency to experience disgust. It is necessary that respect for sex should be inculcated in girls at an early age. The susceptibility to sexual recoils brings a whole train of evils, and may cause tragedy in married life.

CHAPTER III

FROM FOURTEEN TO FORTY-FIVE

THE transition from childhood to womanhood begins at the age of fourteen, and occasionally earlier, and continues during youth. Puberty in girls brings many important changes in structure, growth, and function, and significant psychic (mental, moral, and emotional) characteristics are the accompaniments of the physical development. *Puber* in Latin expresses maturity or ripeness, and the term is derived from *pubes*, meaning hair. The growth of hair in the pubic region and the armpits is one of the first visible indications of the great crisis.

The other palpable alterations are in the external and internal generative organs, the vagina, uterus, and ovaries. There is a development of the breasts, and a feeling of tenderness, accompanied by the capacity for secreting milk. The girl grows rapidly, and the development is especially noted in the arms and legs. There is a widening of the pelvis and of

the chest. This development involves a strain on the organism, and with the increase of vigour there is a recurrent tendency to fatigability. Every part of the body is affected at this period, and the process has its risks as well as its gains. The maturing of the sexual organs has results upon the brain and the chemistry of the body. The first strong love emotion is usually active at this stage, and there is normally a heightened interest in the other sex.

Instruction of Girls at Puberty

It is one of the anomalies of "culture" that the girl is rarely adequately informed respecting the meaning of the great changes that are taking place in her physical system and her mind. From this culpable lack of instruction we may trace grave results in the psychic being (soul or mind) and in the body. *In no concern of life is education more imperative.* The proper performance of the function is unquestionably associated with a right understanding of its importance, physically, mentally, and spiritually. Enlightenment of their daughters is the first duty of mothers, and the enlightenment should be gradual, beginning in

childhood. *Nothing in the education of women is more important than this.*

The sudden onset of menstruation is a source of alarm in the sensitive minds of a host of unprepared adolescent girls. Many imagine that the occurrence is abnormal, some mistake the flow for a dangerous hæmorrhage, and others think that they have an extraordinary and terrible disease. The prevalent attitude is disgust. This feeling arises sometimes at the first appearance of hair on the lower part of the abdomen. This growth is regarded by the ignorant girl as an abnormality, and means are taken in some cases to remove the hair. It is terrible to reflect upon the unnecessary suffering inflicted upon affectable girls through the gross neglect of their parents in the matter of sexual education.

It is an appalling fact that a large number of girls endure acute physical and mental distress through the ignorance or the indifference of mothers and teachers. Girls in schools frequently develop chlorosis, anæmia, and severe headaches, and are subject to derangements of menstruation, which could be avoided by suitable instruction and attention to hygiene. In an inquiry among one thousand women, Tilt, the gynæcolo-

gist, found that twenty-five per cent were entirely unready for the first menstrual period. "Thirteen out of the twenty-five were much frightened, screamed, or went into hysterical fits." Out of the thirteen, "six thought themselves wounded and washed with cold water." In those who were frightened "the general health was seriously impaired."

In every investigation undertaken by physicians and teachers regarding preparation for the crisis, it has been found that a large proportion of women receive no instruction whatever. It is estimated that about fifty per cent of girls dislike to speak about the matter to their mothers. This secrecy is disastrous. There is always a profound natural curiosity about the manifestation; and if this spirit is not gratified in a rational fashion, there is bewilderment, inner brooding, anxiety, and other injurious influences tending, as Dr Tilt points out, to a serious impairment of health. What would be the result if a similar close secrecy was observed concerning the necessary evacuations from the bowels and the bladder? Undoubtedly, the general health would be injured gravely. The very suddenness of the periodic phenomenon in puberty suggests to every sensible person the absolute

necessity for enlightenment as to its meaning and nature.

A large number of women have been injured in mind and body at the outset of youth by the lack of a little knowledge of their functions and the rules of health. The habit of seeking to stop the flow with cold water is common. Sometimes the girl remains for a long time in a cold bath, and brings on inflammations that may affect her for the whole of life. Exposure to cold at the period is often the starting-point of serious and protracted infirmity. Fear and emotional shock at the first menstruation is a common source of psychoneurotic (mental and nervous) disorder in after-life. Some of the worst cases of chronic hysteria begin through fright at the first monthly course. Even in quite healthy and normal girls, the secretiveness, the brooding, and the repugnance tend to produce false and distorted views upon sex, and to set up resistances to the natural promptings of love. Everything connected with the physiological side of life and reproduction may be regarded in these cases as "nasty" or "revolting." *From this attitude arise some of the gravest disharmonies, quarrels, tragedies, and miseries of married life.*

It is not only supremely foolish, but positively immoral, to preserve a prudish reticence concerning the most vital function of woman. Mothers who are too "nice" to instruct their daughters at the oncoming of puberty are guilty of criminal neglect. They wilfully shirk one of their fundamental responsibilities towards the children they have brought into the world. This misguided secrecy is absolutely inimical to true purity, real modesty, and morality. Girls should be forewarned concerning the physical and mental changes of puberty, and taught plainly the necessary principles of hygiene.

At least fifty per cent of the cases of the seduction of virgins occur just before, during, or immediately after menstruation. The instances of seduction during the actual flow are very much higher than most persons suspect. Around the time of the catamenia there is a marked increase in erotic feeling in the great majority of women. That this excitability exists in celibacy is proved by the admission of many women that an irresistible impulse to self-gratification (auto-erotism or masturbation) assails them at this period. Every experienced libertine knows that the object of his desire is less controlled and less on her guard at this time, and

that she is likely to yield to his ardent advances. Mothers who fear to sully the "purity" of their daughters by hinting that such evils exist are sadly misguided. Judges in the criminal courts, rescue workers, and doctors know only too well that many young girls lapse from chastity at the crisis when emotion is highest and resistance weakest.

A large proportion of cases of crimes among women are committed at the menstrual period. Suicide, murder, violent assaults, adultery, thefts, kleptomania, drunkenness, and other offences, grave or light, show that control is often lacking in women of the neurotic constitution during the critical days of the month. The insane become more turbulent or more despondent, and an exacerbation of sexual desire is a common occurrence. There is plentiful evidence that the process temporarily unhinges the minds of a great number of women. This is now so well-proven that there are humanitarian and scientific authorities who seriously question the justice of punishing women who perpetrate criminal offences while undergoing the monthly trial.

The prevention of fear and disgust is imperative. Education to this end should begin with the first questionings of the

young child about matters of sex. A child who has been taught the rudiments of reproduction, through simple natural history lessons, the observation of plants and domestic animals, and a few facts of human physiology, usually interprets the more intimate mysteries of sex for himself. The questioning age is in early childhood. After puberty there is an access of shyness and secrecy in the majority of young people, and the girl who has never received any rational information from her mother refrains entirely from all reference to sexual matters. A sane, clean view of sex should be fostered during the inquiring age before prudery or secretiveness develops. The mind is prepared in this way for more explicit information at puberty.

Maternal Responsibility

Mothers often shrink from a thorough enlightenment of their daughters because they fear inquiry concerning the intimate relations of married life. Reserve in regard to physiological acts is very frequently almost impregnable. But if the girl is serious, and anxious to know the truth, the only course is frankness of

speech. If the parent has an invincible objection to plain-speaking upon conjugal intimacies, the alternative is to seek the assistance of a sympathetic woman doctor, or a teacher who is admired by the pupil. In some cases a plainly written book upon reproduction and the sexual life will satisfy the girl's curiosity.

The natural instructor is the mother. I have been told by some mothers that, although they are perfectly willing to impart knowledge, their daughters assume a rigid reserve immediately the topic is broached. "She simply said nothing, and looked bored," said one parent, referring to her daughter's attitude. This apathy is usually only apparent, and it is an indication that the girl has already obtained information, almost always of a questionable kind, from school companions, boy friends, or servants. The girl is afraid and ashamed. She has listened to conversations that are classed as wicked or repulsive, and she has "learned things that no nice girl ought to know." It is necessary to simulate ignorance and complete indifference. Mothers who learned sexual matters in clandestine talks with girl companions are reluctant to think that their daughters have acquired knowledge in the same

manner. Fond but unreflective parents wish to believe that their children are completely "innocent" of all questions of sex.

Why should there be so much mystery and obfuscation? Let the loving mother instruct her child at the age of thirteen in words such as these: In a few months you will reach a very important and interesting period of your life. Fourteen is the age of flowering and the beginning of adolescence or young womanhood. You know that plants grow for some time before they show buds. When the buds open, the plant reaches maturity and full beauty. After this blossoming stage, seeds begin to form in the flowers, the petals are shed, and the seed, falling upon the ground, gives life to other plants. Like the plants, we human beings pass through cycles, and one of the most impressive and wonderful is that known as puberty, which occurs in girls at the age of fourteen.

You are nearly at the blossoming stage. Soon, your breasts, those beautiful organs that contain the first nourishment of humanity, will become larger and more rounded. This is one of the signs of flowering. But there are many other changes at the blossoming period. Your

body will grow to a womanly shape, the part below the waist will widen, and down or hair will develop in the armpits, and at the lower part of the abdomen. This hair-growth is a vestige of the far-away days when both men and women were clad with thick hair as a protection to the skin.

Another important sign of flowering is the change in the sex organs, which develop rapidly at this time, and undergo preparation for the great duty of giving life. Within you are the germs of human beings in the form of tiny ova, or eggs. These germs exist before birth, and they begin to show activity in early girlhood; and at fourteen they leave the ovaries, and pass up tubes into the womb. This occurs, when healthy, every twenty-three to twenty-six days. At this time you may have strange sensations within you.

In old-fashioned language this manifestation is described poetically as "the flowers." The scientific names are menstruation, the menses, or the catamenia. Usually the condition is incorrectly called "being unwell," or "the period," or "the courses." You need not be surprised nor frightened at the appearance of blood in the passage called the vagina (meaning a sheath), which leads from the exterior part of the body to the womb.

This discharge lasts from three to five days. It is not in the least degree dangerous, nor a symptom of ill-health. We may liken it to the scattering of the withered petals of flowers when the seed forms, and it is matter which is not required by the body. In the flow are the unused ova, or seeds of life, which have not been fertilised.

There is no reason why you should be shocked or disgusted at the sight of the menstrual fluid. The flow is perfectly natural, and the blood is not morbid, nor injurious. If you respect your womanhood, you will be glad at the first sign of flowering; for it will show that you are healthy, and that, at the right time, you will be able to experience the great happiness of bearing a child. You will remember also that blossoming adds to your charm and grace of body, and brings new capacities of the mind. Youth is the lovely spring season of life. There are fresh wonders in life, and appreciation for things that a little child cannot understand, when we enter the stage of adolescence. The world seems more splendid; the mind grows, and we begin to discover how much there is to admire in our fellow-men, and the sweetness of love and friendship.

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Puberty is not full maturity of the body. There is rapid growth until eighteen or later. Although a girl can be a mother at fifteen, the age of marriage in our country is very rightly deferred for several years, because growth is not complete, and the reproductive parts are not fully prepared for the function of motherhood. The egg-cells in an unmarried woman are not impregnated, or fertilised, and they die at each monthly cycle. Fertilisation is only possible with the aid of the husband, whose part in generation, or life-giving, is to render the ovum fruitful by the injection of a vital fluid called semen (seed) into the uterus. This occurs during the act of married union, or the marital embrace, and it should be regarded as a sacramental rite. For giving life is a very solemn and momentous matter.

At the menstrual period, you should attend to the general health of the body. In the in-between time, you may take plenty of bodily exercise, provided that you do not continue till you are quite exhausted. Tiredness in the muscles is not an unhealthy sign, and without a little occasional stiffness or fatigue you cannot strengthen the muscular system. The tiredness after a long walk, or an evening

spent in play, induces sound sleep, keeps the internal organs in order, and benefits all parts of the body. Upon the first day of the flow rest is beneficial.

The Mental State During Periodicity

Women are more affectable or impressionable than men, therefore slight physical or psychic influences are apt to disturb the mental balance during the period of the menses. The commonest mental and nervous symptoms are irascibility, irritability, hypersensitiveness, a tendency to find fault and to "nag," tension of the nerves, a diminution of the capacity for intellectual concentration and attention, sadness of a vague character, sometimes merging into despondency, and a marked increase of amorous emotion is common, if not universal. Actual cerebral disturbance may arise, and manifest itself in mania, hysterical outbursts, or acute melancholy. It has been stated by many psychopathists that a proportion of women are actually insane at the menstrual period. If a woman has a tendency to indulge in intoxicants, she is very likely to drink to excess at this time.

Happily married women suffer much less than spinsters and the unfortunately

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married during the monthly crisis. There is the surest evidence that healthy conjugal relations greatly lessen the chance of disordered and painful menstruation. Long-continued disuse of the sexual organs has an influence upon the general health and the functions; and although it is rash to lay down a fixed principle, prolonged celibacy is attended by more or less risk of mental disturbance and physical derangement. Many celibate women enjoy good health, but this is not an argument in favour of the superiority of total abstention over normal gratification. The denial of love and parentage to a woman of powerful emotion and sex passion cannot fail to injure, in a greater or less degree, both the psychic and physical nature.

It is absurd to disguise the truth that a single life is almost intolerable to a host of women, especially after the age of thirty. Instances of sexual neurasthenia, insomnia, various psychoneuroses, eccentricity, and perverted sex feeling and practice are innumerable among celibate women. There is also the probability of anaemia, chlorosis, and menstrual disorders. The tendency of an increasing number of scientific investigators is towards the view that, although women

do not, as a rule, exhibit such strong libidinous desire as men, they suffer more in health than men from a deprivation of sexual intercourse. This is almost invariably the case with so-called "nervous," or psychopathic, women, who are usually addicted to habits of self-gratification, frequently tending to excess and morbidity.

Long-continued craving for love and its natural physical manifestations will in the process of time seriously damage the mind of a nervously constituted woman. There is a long recorded list of the pathological states induced in women of vigorous sexual development by the denial of the natural and legitimate satisfactions. In extreme cases there may be very serious symptoms, and even bodily emaciation. There are instances of consumptive signs disappearing soon after the beginning of marriage; and there is not the slightest doubt that erotic excitement is highly essential in the alleviation and the complete cure of some of the disorders of menstruation. Mental therapeutists of high reputation have frequently asserted that the results on the mind and nervous system of regular sexual intercourse are remarkably beneficial, and frequently amazing.

Many women suffering from "spinal irritation," digestive trouble, poorness of blood, and neurasthenia recover very quickly when the source of irritation is removed by marital intercourse. Very much of the "nervousness" of women, married or single, is due to the severe repression of the most impelling of all the human instincts. It must not be supposed that wedlock always provides a remedy for the minor neurotic and mental ailments of women. In some cases it may aggravate them. Unfortunately, the devastating ignorance of sex on the part of the husband, usually accompanied by a corresponding ignorance in the wife, often completely destroys the beneficial effect of sexual union. The average affectionate, well-meaning husband sometimes blights conjugality by his want of knowledge. In the "Psychology of Marriage" I have written at some length upon this source of married unhappiness.

The Sexual Rhythm in Women

This important subject calls for the earnest attention of the married. We have noted that the menstrual period corresponds with heat, or the active sense of amative desire. At the inter-menstrual

period many women experience little or no inclination to sexual embraces. To some the approach of the husband at this time is distasteful, and may arouse irritation or indignation. During this slumber spell of the impulse, it is possible to perform the act of coitus (connection). Broadly speaking, a man is always ready for intercourse in the years of his vigour. There is apparently a periodic access of erotic excitement in men, and in extremely rare instances men have shown signs resembling the menstrual process. But in man there is a continual aptitude for the sex act, which is readily aroused by thought or physical sensations.

Now, the seat of desire is in the brain of both sexes, but there is this difference between men and women. With women the excitation of erotic desire is normally a slower process than with men. The plain biological purpose of wooing by the male is the arousing of the female, and in this activity man also increases his own ardour. Every act of coitus among the animals is preceded by the courtship of the female. Primitive men have devised many means for awakening responsiveness in women. Civilised man is wont to restrict his wooing to the love-making before marriage. Hence arises a tangled

problem of matrimony. Moreover, the male animal makes no advances to the female unless she is in the right receptive state, and at the proper time.

Among mankind there is the universal tendency to disregard natural law, and even to combat it. In some respects this conflict with Nature is beneficial. In other respects it leads to serious trouble. It is contrary to Nature to urge an entirely reluctant woman to sexual union; but the practice is nevertheless almost universal. Men are apt to suppose that "conjugal rights" justify what is really a rape. Now, it is quite obvious that if a husband, through a lack of understanding, has intercourse with his wife during the period when she is unresponsive and more or less unwilling, she may very rarely, probably never, experience the beneficial pleasure and the subsequent psychic contentment.

Inquiries show that about eighty per cent of wives are defrauded of one of the most valuable nerve sedatives and regulators of function known to experienced physicians and mental pathologists. We have here the key to the commonest enigma of matrimonial infelicity. This fact explains why many women become more "nervous" after wedlock than before. It accounts for derangements of

menstruation in many cases, and for the physical disorders often associated with "sexual neurasthenia." It is a clue to the puzzle of bad temper, nagging, touchiness, restlessness, and dissatisfaction with husbands. It accounts in some instances for bitter quarrels between man and woman, for infidelity, and for separation and divorce. This neglect of natural law reacts upon man, on the children, and often upon relatives and friends. It is a veritable apple of discord in many homes.

The vast range in sexual capacity and idiosyncrasy is seldom taken into account by the ordinary counsellors upon marriage. Fixed rules and inviolable principles cannot be laid down. The prescription that intercourse should occur once a week, twice a week, or once a month is almost as ambiguous as enjoining everyone alike to eat a certain kind of food at a fixed hour of the day. A conscientious young couple might decide that a weekly rite was moral and hygienic. What might be the result? It is extremely likely that the wife would very seldom, if ever, derive healthful satisfaction. The man would be gratified, though to a lesser extent than if he waited for the appropriate hour, and the woman would be left

wondering what is meant by "the felicities of married life," unsatisfied, but aroused, "nervy," and irritable, through the engorgement of vessels that have not been relieved by a natural collapse, and nerves that have been excited, but not soothed.

I wish to show that the pains, disabilities, and distress of the Critical Age are largely dependent upon the manner of life from the outset of periodicity and in marriage. The woman who has lived ill-mated, unappeased, and continually aroused and disappointed, is very fortunate if she escapes neurotic and psychic disturbance. It is doubtful, indeed, if any but the naturally anæsthetic (frigid) types can claim entire immunity from nervous and mental injury after ten or twenty years of pseudo-conjugality. I have never met a nervously constituted woman who has passed through years of spurious marriage without noting manifest traces of mental and emotional injury. Nor have I known any instance in which the husbands of these women have testified with enthusiasm concerning the married state. In these "unions," sadly mis-named, both the husband and the wife are generally disillusioned, inclined to cynicism, and dissatisfied with life.

Dr William J. Robinson, Chief of the Department of Genito-Urinary Diseases, Bronx Hospital, New York, states that *at least fifty per cent* of the adult population of any civilised community suffer from sexual disorders apart from the venereal diseases.¹ The effects of these disorders are numerous and various. They cause great mental trouble and physical suffering in both sexes, and interfere grievously with domestic tranquillity and capacity for the strife of life. Neglect of the rhythmic action of erotic desire in women, and the inattention of husbands to the fact that a physiological state known as tumescence, i.e., thickening or erection of the sex organs, is as necessary for women as for men for the healthy performance of coitus, are common causes of conjugal disagreement and of physical and mental harm.

The strongest sexual excitement is wont to arise in a normal, ardent woman a day or two before the appearance of the menses. This heightened desire continues in many instances—probably in a far greater number than is supposed—during menstruation, and for a day or two after the cessation of the flux. We may reckon that the time of receptivity

¹ *Sexual Impotence*, 8th edition, p. 396.

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is about seven or eight days in the month in a large number of cases. Dr Marie Stopes has endeavoured to prove that the cycle is fortnightly, and her contention is supported by the evidence of women whom she has questioned. She affirms that the fortnightly recurrence is a natural law, and that disregard of this law is one of the sources of married infelicity. I am not prepared to contradict this statement. The fortnightly recurrence, if it is a fact, does not upset the older view of the monthly recurrence. Very probably there is a mid-monthly manifestation of erotic emotion in many women.

Many writers on this question are apt to give too little heed to the fact that a considerable number of women experience powerful desire after the onset of the monthly process as well as just before. Some medical authorities assert that sex excitement is absent during the flow. I have always been surprised at the assurance with which this statement is made, and I have questioned the accuracy of the oft-repeated assertion that, if desire is shown during menstruation, it is "abnormal" or "perverted." Inquiry which I have made among entirely normal and intelligent married women shows that a considerable number experience the

highest erethism and desire at this period. Some of my informants are convinced that *all* women know this experience, but it is admitted that very few are candid about the matter. The traditional view to the contrary is so strong that candour is extremely difficult for the majority.

When we recognise that the closest reticence concerning the sexual life is observed by the great mass of women, and that reference to the menstrual function is avoided sedulously, it is perfectly easy to understand the difficulty in getting at the truth in this matter. It is a fixed idea in many women's minds that they *ought not* to feel inclination for the embrace of love when menstruation is actually in progress. And here again we trace the tremendous influence of tabu and the force of ancient convention and prohibition. We seldom stop to inquire whether the tabu is good or bad. Unconsciously or semi-consciously we accept it, simply because everyone else accepts it. Even if a prohibition is biologically, socially, or morally contradictory, we tend to observe it without questioning.

The tendency of the sexual impulse to reach its highest feeling during menstruation has been noted by several physiolo-

gists and medical writers. For example, in the *Lancet*, 5th June, 1886, will be found the opinion of Sir W. F. Wade, who expresses confidently that "evidence is obtainable that in some instances ardour is at its maximum during the actual period." He adds that "cases occur in which it is almost, if not entirely, limited to that time." I am able to confirm the view of this eminent authority. Some women are sexually indifferent or actually frigid (anæsthetic) except during the period. Several physicians before the time of Sir W. F. Wade, notably Icard, recognised this biological fact.

In discussing this question with medical friends—all of them experienced in treating the diseases of women, and several of them scientific inquirers in sexual phenomena—I have never met with opposition to the view that, *physiologically speaking*, desire is natural at the time of menstruation. There is, however, the opinion that the most powerful yearnings can be repressed through the force of tabu inhibitions or æsthetic objections. One factor of inhibition to the nuptial act at this time is the widespread fear that washing with water will induce stoppage and other ill effects.

A woman correspondent, writing to

Havelock Ellis, states, "My feelings are always very strong not only before and after the monthly period, but also during the time itself." Another correspondent makes the same statement. Kisch records the case of a single woman who admitted a powerful inclination to assault children indecently during menstruation. But there is no need to refer to the abnormal manifestations of increased erotic stimulation at the period. There are many normal instances afforded by thoughtful, refined, and candid women, and among those who tend to be fastidious in all matters of ablution and the toilette.

It has been advanced that the "sterile period" in women extends from about the twelfth day after the monthly occurrence to a day or two before the next menstruation. This has not been proved; on the contrary, there are instances of mid-monthly conceptions. But it is true that some women show no inclination for union in the in-between period, and that desire is intense from the outset of the course until a day or so after its conclusion.

A cultured married lady informs me that she has no doubt whatever concerning the intensification of erotic ardour during the flow, and she believes, on the evidence of conversations with women, that this is

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the experience of most of her sex. In this case, intercourse at the time banishes severe headache, prevents pain in the reproductive parts, removes irritation of the nerves, and produces a sense of tranquillity and well-being. My informant is the mother of two fine children, who enjoy excellent health, and is herself in every respect normal, and extremely æsthetic in tastes and habits.

Observation and inquiry show that there is no definite physiological repugnance against marital intercourse during the period; that when the psychic or æsthetic prejudice is overcome, natural inclination asserts itself; and that some women affirm that union has a healthful and calming effect at this time. It is, however, easily conceivable that if prejudice and repugnance are very profound, the resistance may be stronger than the inclination, and in this case the psychic results would be the very reverse of beneficial. We must always remember the great differences that exist in the sphere of sex idiosyncrasy.

It is well known that sexual tension has an influence upon blood pressure. At the time of menstruation there is heightened blood pressure in many persons, and this is apt to induce irrit-

ability and bad temper. It has been noticed that sex relations, by lowering blood pressure in the brain, tend to diminish irascibility. There is no doubt that many women are habitually ill-tempered through the deprivation of a complete gratification of the strongest instinct implanted in humanity. The same rule applies to men.

There is no limit to the irrational ideas concerning the sexual impulse and sex hygiene. Many uneducated persons believe that coitus is always unfruitful during menstruation. Peasants, who are quite familiar with the exhibition of heat in cows and sheep, and take care to ensure breeding at this time, fail to recognise that the same law may apply to the human being. Every physician with extensive practice in lying-in cases has met with instances of impregnation during the menses. Seduction is common at this period. In view of convincing evidence, biological and social, it is amazing that one or two women physicians hold the mediaeval opinion that the menstrual flow "relieves" the erotic tension. There is no valid physiological testimony for such an assertion. It is a primitive belief that to-day scarcely calls for the necessity of refutation by example to the contrary.

Thoughtful women have asserted that abstention at the climax of the period is a source of mental and bodily symptoms that act upon themselves and react upon others. Is this statement to be dismissed lightly as mere fiction, or as a sign of abnormality? Is it not possible that mankind began to err in judgment upon this matter in the days of superstition and constant fear of natural forces? Can it be denied that intercourse during the latter stage of the menses is highly favourable to conception? Is it not evident that the objection is by no means universal? Some at least of the classic theological writers and sexual moralists have discerned the biological law of the concurrence of inclination and the capacity for fertilisation during menstruation. Sanchez gives unqualified permission for intercourse at this time.¹

Custom may become a passion stronger even than the clamorous, insistent voice of Nature. The effort of suppression may produce far worse moral, social, and physical results in some cases than unrestraint. Were the Catholic authorities wrong, and is the ancient Hebrew code right? This is a question for each person to decide after due investigation and

¹ *Matrimonio*, by a Catholic theologian.

reflection. An eminent doctor follows the later theological precedent, and on hygienic grounds he distinctly advocates intercourse "during the latter part of the period" as being the time best suited to the needs of the wife. Further, it is pointed out by this authority that deprivation is a cause of "the marked disagreeableness of temper often shown by women at this time."¹ I have full data for the opinion that many medical men entirely endorse this view in their own minds, but they shrink from the opposition of popular fixed ideas and superstitious survivals.

Havelock Ellis thinks that it is "a good general rule" to refrain from intercourse during menstruation; but he admits that "the time when the menstrual flow is beginning to cease is probably, more than any other period of the month, the biologically proper time for sexual intercourse, since not only is intercourse easiest then, and also most gratifying to the female, but it affords the most favourable opportunity for fertilisation." He adds that "the general rule" may be broken in cases where strong desire is only apparent at this time. Furthermore,

¹ *Health and Disease in Relation to Marriage*, an important work in two volumes. Contributions by specialists, and edited by Senator and Kaminer. See Vol. I, p. 249.

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Ellis says that the "fact that so cardinal a relationship of the sexual life of women should be ignored or denied by most writers on this matter is a curious proof of the prevailing ignorance. This ignorance has been fostered by the fact that women often disguise even to themselves the real state of their feelings."¹

¹ Dr Robinson, one of the leading pioneers of sexual science in America, inclines to the opinion that generally speaking abstention from intercourse is advisable; but if the woman exhibits desire only at this time relations may be permitted during the last day or two of the menses. This writer states that "the ancient idea of the injuriousness of the relations during menstruation and the disastrous results likely to follow them have only a very slender foundation. They rest on no scientific basis." *

* For further discussion of this question see *Studies in the Psychology of Sex*, Vols I. and VI. *Woman; Her Sex and Love Life*, 2nd Ed., 1917. William J. Robinson, M.D.

CHAPTER IV

NEARING THE CRISIS

“WE pay very dearly for married love,” said a middle-aged husband, after attributing most of the cares and worries of life to the behaviour of wives. The “variability,” the “uncertainty,” the “difficulty,” the “tiresomeness,” and the morbid self-preoccupation of a great number of women undoubtedly provide problems for the men who love them. According to the curve theory, to which I have already referred, women change physically and emotionally day by day, while men tend to live at the norm. A little reflection should assure men that the variableness of women is a concomitant of charm, and that if women never descended into the thorny valleys, they might never surprise and enchant us by their sweetness and grace when they reach the hilltop. Moreover, it must be recognised that the affairs and the conduct of men and women are closely inter-related, and that each sex is to a large

extent as the other wishes them to be. Directly and indirectly, man has a share in the mental and moral shaping of the character of woman.

The tendency to "contrariness" in women, due to physiological causes, is heightened when control is enfeebled by habit. Some women give way to fault-finding, cutting criticism, and tears, with very slight provocation, and others seem to find satisfaction in quarrels and "scenes." Asylum doctors inform us that the women's wards are noisier than the men's, and that "breakings out" are commoner in the female patients. Chivalrous men are apt to regard the periodic petulance and the acute sensitiveness of women as entirely involuntary; but every intelligent woman knows that a measure of restraint upon her temper and her tongue is not always beyond her power, and it should be recognised that a very large number of women make heroic efforts to appear cheerful when suffering from depressing ailments. Undoubtedly, the tendency to explode and to create domestic discord, even at the trying periods of a woman's life, can be checked by self-discipline and force of will.

The clouds that arise at the monthly period, during pregnancy, and at the

change of life often threaten storm. They may be banished by attention to health, proper rest, suitable diet, congenial occupation, and interests that hinder brooding and morbid introspection.

Hygiene at the Monthly Cycle

Realising that the menstrual period is liable to bring depression and irritability, a sensible woman will not disclaim all sense of responsibility at this time, but will use every measure to combat the difficulties that may arise. The healthy performance of the monthly function in growing girls depends upon normal organisation, the right nutrition, and appropriate exercise and rest. An ill-fed, anæmic girl is likely to suffer at menstruation. Many thin, nervous girls are under-nourished. Their appetites are capricious, and they often suffer from an insufficiency of fatty foods. They require milk, the fat of meat and bacon, butter, and cheese; and if these are taken in proper quantities, there is no need to take cod-liver oil or concentrated malt extracts.

Exercise, as I have already insisted, is very essential for adolescent girls, who should be encouraged to play outdoor games, ride a bicycle, dance, walk, swim,

and practise gymnastic exercises. It is important that the exertion should not be overdone. During the period rest is usually indicated for at least one or two days. Some physicians urge even a longer period of rest for women susceptible to derangement of the function, and for those partially incapacitated by pains. Sound sleep and prolonged slumber are advantageous for four or five days, and an extra hour or two in bed will be time well spent. There should be a relaxation of the mind. It is cruelty to compel a delicate girl to continue close study during the flow, and much damage results from anxious cramming for examinations.

All causes of anxiety or undue mental excitement should be guarded against. Leniency should be shown towards fretfulness, slackness, and mistakes. Severity of discipline is prejudicial at this period, and allowance must be made for a little unreasonableness, without encouraging a slackening of will-power. Shock is likely to disorder the function, and derangement is often recurrent.

Sometimes delayed menstruation may be aided by a simple aperient, gentle exercise, and bathing the feet in hot water. The normal amount of blood lost is about one ounce and a half to three

ounces; but full-blooded women may lose four ounces, or even more. A very profuse flow is abnormal, and requires treatment. This is a symptom of menorrhagia, and it is more of the character of haemorrhage than normal periodicity of function. Irregular abundant discharge, out of the proper period, is called *metrorrhagia*.

Amenorrhœa is the term for absence of menstruation, an irregularity which seems to be closely related to chlorosis. This disease is unfortunately common in adolescence, and is sometimes called "green sickness," one of its indications being pallor of the complexion with a greenish tint, a lack of red colouring in the lips and mucous membranes, and several general symptoms. It is believed that, to a certain extent, some signs of a chlorotic character accompany the chemical changes in the body preparatory to the development of the capacity for motherhood.

Suppression is not always a serious sign, as menstruation rather rarely occurs with complete regularity after the first manifestation. A cessation of the menses for a few months is not necessarily dangerous, but a lengthened suppression demands medical inquiry. It may be

the result of pregnancy or of uterine disease.

Painful menstruation (dysmenorrhœa), if it resists ordinary treatment, calls for an examination of the internal organs. It is the opinion of some gynæcologists that if the pain is felt before the flow, the trouble arises in the ovaries. If the pain succeeds the discharge, and is felt chiefly in the back, it is probably caused by a condition of the womb. When the function is painful and difficult, rest in bed is essential. Some amount of pain at menstruation is experienced by about fifty per cent of the women of our time. Severe suffering may be caused by inflammatory states of the reproductive parts, or by displacement of the uterus. But many instances of disordered menstrual function arise from the nerves and the brain; in fact, the influence of the mind upon menstruation is very much greater than the earlier schools of physicians imagined.

Psychic Influences

There is no doubt that the psychic states influence the process of menstruation for good or ill. It is well known that the digestive juices are affected by

the condition of the mind, and that cheerfulness promotes the healthy digestion and assimilation of nourishment, while mental dejection has an opposite influence. The yield and the quality of mother's milk is affected by the mind. Even in the case of cows, it is noted that fright or disquietude checks the flow of milk. The sexual system is very intimately connected with the brain. Any of the following mental and emotional causes may induce erotic coldness or complete repugnance in women, e.g., a sense of jealousy, suspicion of infidelity in the husband, coarse language, the odour of alcohol, offensive breath, bad temper, want of delicacy and tact, indifference, perverted practice, harshness, and abnormal desire. A naturally ardent wife may become suddenly frigid through one or another of these courses. The monthly process is a psychic crisis. A slight jar may, in some cases, produce disturbance. Even a conversation may decrease or increase the flow, through a reaction of the mind upon the body.

Unfortunately, many matrimonial quarrels occur at the menstrual period. It has been said that the first conjugal differences almost always arise at this time. The husband begins to look for

trouble as a regular accompaniment of the courses, and the wife is apt to be nervously anxious lest she may do or say anything that will try her partner's temper. There is a state of emotional tension, and of mingled aggressiveness and defensiveness. The two are like tinder ready to flare up from a spark. A "scene" often results in a bad time for the wife during the period. She may have delayed menstruation, severe pains, or some other incidental derangement of the function, which increases her affectability, and renders her more irritable and "contrary." The husband stays at home and sulks, or grumbles at the unreasonableness of women, or else he goes to his club, and takes care to come home late. And, in any case, the wife is wont to question the sincerity of her husband's affection, to pity herself for having been born a woman, or to reflect that she might have been much happier had she remained a free and independent spinster.

After the explosion there is often a period of coldness, amative indifference supervenes, and each quarrel brings a widening of the breach. Thus, the pair who seemed reciprocally devoted in the days of betrothal become sundered in true affection, the passionnal element wanes,

fresh interests are sought, and though cohabitation may continue, each of the partners experiences secret disappointment with marriage. These are the malcontents who express disbelief in the existence of happy wedlock, and declare that the love of the sexes is a delusion.

We see married women who are described as "a bundle of nerves," or "very hysterical," after a few years of connubial life. It is difficult for the family medical man to trace the true source of the so-called "nervous debility," or neurasthenia; and the hard-worked man who has not made a study of "mentals" and psychoneurotics can only prescribe fattening up, rest, change of scene, tonics, electric treatment, or hydropathy. Often he does not suspect that unappeased emotional and erotic longings are the cause of the nervous and psychic symptoms, and that artificial stimulants can do little or no good. And frequently when he discerns the source of the trouble, he shrinks from plain speaking, especially to the husband whose ignorance of sexuality is often obvious. Moreover, the general practitioner knows from experience that many women who are suffering keenly from ungratified sex desire may not be aware

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of the fact, and that any hint of such a cause would arouse indignant protest.

If the psychic concomitants of the physical union are depressing instead of exhilarating in a normal, affectionate woman, the fault is the husband's in at least eight cases out of ten. A woman who at each climax of emotional and physical ardour is habitually disappointed, and left in a state of nervous irritability, can scarcely escape some form or another of the minor neuroses. Modern psychotherapists are practically in agreement that there is very little nervousness in adults if the sex life is healthy. And by this is meant not only the physical, but the more important, psychic life. There is no doubt that if coitus is, for one reason or another, distasteful or invariably unsatisfactory, the risk of mental and nervous, and even organic, disturbance is incurred.

"How much men miss in marriage through a want of understanding women," said a married woman to me, just before I began to write this little book. Even wives shrink in very many instances from talking frankly to their husbands on the sacred intimacies of marriage. It is generally admitted that men are the proper initiators in conjugality. Unfor-

tunately, the initiator is usually un instructed; and unless he possess a subtle power of divination, intuition, and delicate tact, he may even estrange the woman who has willingly and gladly given herself to him.

I am urging throughout these pages that the *vita sexualis*, menstruation, healthy pregnancy and suckling, and the menopause, or "change of life," are all intimately influenced by the husband's appreciation of the natural law of periodicity in woman's sexual inclination. It matters not biologically whether this period is attained every fortnight, just before menstruation, in the last days of the manifestation, or immediately after its cessation. The appropriate hour is the hour of compelling responsiveness. Physiologically speaking, there is no other hour. From the point of view of morality, does it not seem that the physiological and psychological time is unquestionably the right one? If the mass of women would pronounce candidly upon this matter, I am convinced that the truth would prevail.

The balance of sexual, and of general, health of body and mind in female adult life is best preserved when marital relations, beginning about the age of twenty-

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one, are continued, with certain intervals during the later stage of pregnancy and after childbirth, until the period of the natural decline of erotic emotion.

1. The tendency to anæmia, chlorosis, nervous and psychic affections, suppressed menses, and auto-erotic habits is unquestionably diminished by healthy marriage at the adult age.

2. The well-being of woman, the preservation of youthful characters of mind and body, the right functioning of digestive and chemical processes, and the normal performance of menstruation are assisted by a hygienic sexual life.

3. The right time for sexual congress is variable in women; but the period should be ascertained and observed. Health is maintained, the advance of age checked, and senile decay deferred by observing the rule of the periodicity of inclination.

4. The Critical Age is rendered less trying if menstruation has occurred regularly during the puerperal life, and when conjugal relations have been happy.

CHAPTER V

THE CRITICAL STAGE

THE great crisis in a woman's life, known as the climacteric period, may set in before the age of forty-five. In the majority of instances, "the dodging time," or the slackening of activity in the ovaries, occurs at about forty-three or forty-five, and the complete cessation may follow soon, or be deferred until fifty. Probably the normal time of the last menstrual course is about forty-seven. Postponement is, however, fairly common, and the flow may continue intermittently until sixty, though such instances are scarce. In India there seems to be a tendency for the menopause to be deferred until fifty or later. When menstruation begins early in life its cessation is generally early.

Among Western women the full change has been noted as late as fifty-three, fifty-four, and even sixty-four. In exceptional instances the phenomenon of menstruation may recur some years after the climacteric

epoch. The function has occurred again at seventy-five, and continued for more than twenty years after that ripe age. Pregnancy has been recorded at fifty-three, and there is one instance of a woman of fifty-eight giving birth to a child.

Physical Signs at the Menopause

The process of the change of life involves the whole organism to a greater or less extent. Fat often develops, and there is a tendency to generate more heat, which is often shown by the characteristic "flushings." The suffusion may begin in the lower part of the abdomen, and spread to the chest and the face. Sometimes the heat is described as "dry," but the heightened temperature is often followed by gentle sweating. These flushes may be expected during the precessation stage. They are sometimes followed by profuse perspiration.

The alterations in the skin are sometimes marked. Hair frequently appears on the face, especially on the upper lip and chin. This growth is often in tufts, but a beard or moustache may appear. Some cases are accompanied by dyspepsia, biliaryness, nausea, a coated tongue, and

liver symptoms. Obstinate constipation is common. This irregularity is one of the troubles of many women from childhood to old age, and in advancing years it is apt to become more intractable. The disorder is often a source of colic and of piles in elderly persons.

Indications of the coming crisis may be seen in some instances in the features, which become pale or yellowish. Internal discomfort may cause an expression of suffering or anxiety. The thyroid gland in the neck, which is intimately associated with the reproductive organs, may become enlarged or reduced in size. At the beginning of menstruation the thyroid enlarges, and it is affected by pregnancy. Myxœdema, a disease influencing the mind as well as the body, may make its appearance at the time when the thyroid gland is undergoing the climacteric change.

The liability to faintness and distressing epigastric sensations is noted in many women at the menopause. Frequently these symptoms have a mental cause, such as shock, depression, and hidden conflicts of the mind. There are often loss of appetite, headache, and sleeplessness. Headache may occur at this period for the first time in the subject's life. This

ailment often disappears after the complete cessation of the change. A kind of drugged feeling assails some women. They are dull, listless, numb in the brain, forgetful, and sometimes very drowsy. These narcotic sensations usually disappear after the change.

Gradual alterations in the generative system begin in some persons in early middle age, and continue until the senile period. There is a contraction, or in other cases, a dilation of the vaginal passage, and a shrivelling of the external parts. The ovaries shrink, and the tubes may almost disappear. There are manifest changes in the uterus in shape and size. Leucorrhœa ("the whites") and other discharges may occur. This very common malady of women is said to have its source in a morbid condition of the neck of the womb. Mucous discharges are present during the change of life in a large number of women. It has been suggested that these are a spurious menstrual flow, for they frequently happen periodically.

None of the derangements at the great crisis are absolutely inevitable. There may, indeed, be no indication of disorder of a physiological character. But it is somewhat rarely that the period is passed

without one or another of the mental and emotional signs. As with menstruation, so with the period of its cessation; unfortunately only the minority of women pass through the crisis without some distress, or at least discomfort. It is an error to associate the menopause with general degeneration, because a critical time is not necessarily followed by disease; but, on the contrary, by a remoulding or reconstruction. Teething, menstruation, and pregnancy are all critical periods in the life of woman; but we must be careful to avoid the association of these epochs with necessary infirmity.

Benefits at the Critical Age

We have glanced at some of the maladies that may accompany the menopause. There is a very much brighter side to the picture. And it will be helpful in every sense to the woman nearing the period, if she will remember always that the cessation of the menstrual function, and the loss of power to conceive, often mark the beginning of calm and contented days, a higher degree of health, and a renewal of activity. Many women who have long endured "internal trouble,"

womb inflammations, morbid discharges, falling of the uterus, indigestion, melancholy moods, hysteria, and even actual insanity recover entirely after the change of life. *A remarkable reinvigoration of the whole system is noted in a very large number of cases. When the period is normal, the effect on the after-life is the very reverse of detrimental. There is a wonderful reconstitution of the organism.*

I have known women who assert that they had never felt so well, and so resigned to coming old age, as they did after passing through the crisis. The chances of life after a healthy menopause are higher than ever before. Women live longer than men, and escape some of the graver ailments of old age in the male sex. It is a consolation also that the menopause is frequently succeeded by a notable enhancement of physical charms. Thin women sometimes become more rounded in figure, and the obese lose their clumsiness in gait.

A new sense of well-being and of cheerfulness adds brightness to the eyes, and tends to smooth the wrinkles of sorrow or anxiety. The complexion becomes healthier and clearer through the disappearance of dyspeptic symptoms. There is no longer the inconvenience and the

risks of suffering attendant upon the periodic function. The better functioning of the bodily organs lends serenity or happiness to the countenance.

Physical Hygiene at the Crisis

In the next chapter I will treat upon the psychic or mental aspect of the Critical Age, and endeavour to lay down some principles of mental hygiene. I believe that the greater part of the disorders of the climacterium are of psychic origin, and that the bodily distress may be subdued, or even banished completely, by the mind. The care of physiological health should, of course, begin at infancy, and continue throughout life. But there are periods and crises when especial heed is essential. I must repeat here that the perfect performance of menstruation depends upon mental preparation for the first period, and attention to hygiene during each monthly cycle.

A woman in the years preceding the critical time should prepare herself for the change. This can be done by regard to the general health. Sedentary work in busy cities often means uncongenial work in the wrong environment. Now, although a woman does not require as much mus-

cular exercise as a man, she cannot maintain health without a proper amount of physical exercise. For an average woman in average health, the minimum of daily exercise has been fixed at muscular exertion equal to walking five miles. That is to say, if the city worker cannot walk that distance each day, she must discover some equivalent exercise, such as cycling, gardening, swimming, or gymnastics.

The neglect of exercise in the open air by the great majority of women living in towns is a positive factor of illness, general debility, nervous affections, disordered menstruation, and trouble at the menopause. It is also the cause of premature ageing in appearance and the maladies of later life. The woman who has played out-of-doors from girlhood is always healthier, more cheerful, and younger in looks, as well as in physical sensations and mental attitude, than one who has neglected exercise and spent most of her days indoors. The physically inactive life undoubtedly predisposes both men and women to disease. Many sedentary people are in a condition of chronic malaise. I have already pointed out that exercise is one of the safeguards against derangement of menstruation.

Physical exercise can be overdone by

women, a fact that is readily proved by the maladies of the womb that occur among labouring women. Prolonged walking during the crisis should be avoided. Nevertheless, among all classes of the community, there are many women who suffer from a lack of bodily exercise, and lose their youthfulness and elasticity prematurely. It may be said that the neglect of physical exercise is often the result of the pernicious habit of tight-lacing and wearing high-heeled shoes.

Constipation is the bane of a large number of women, and this hindrance to health and comfort is likely to increase at the menopause. One of the safest aperients is senna, which seems to have especial benefits for women. Frequently constipation will yield to a regulated diet and rational exercise. Fat should be used freely, and fruit eaten daily, while many are benefited by special preparations of sour milk. Over-eating during the change of life is likely to produce a constipated habit and bilious symptoms. Full-blooded women should reduce their dietary at this period.

One meat meal in the day will be found sufficient for most persons. If supper is taken it should be light. Intoxicants are frequently craved at the critical time, and

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the quantity taken is often increased to the injury of the digestive organs and the nervous system. If alcohol is required, it should be taken in light wines, and spirits are better left alone. Tea-drinking to excess is common at the menopause, and a considerable number of women indulge in narcotic drugs.

CHAPTER VI

THE MENTAL AND EMOTIONAL CHANGES

WE have noted some of the chief physiological changes at the climacteric. The moral and mental transmutation are very frequently more striking and more wide-reaching in their results than the physical. Mind and body react upon one another in a mysterious fashion at every critical period in human life. At the change of life emotional stress is likely to manifest itself in women who have hitherto been considered unemotional or very restrained, and there may be strange psychic disturbances due to unsuspected conflicts in "the under-consciousness," or the unconscious mind. Comparatively little attention has been given to the psychology of this epoch in the lives of normal women. The serious forms of mental and nervous disease attendant upon the crisis have been discussed; but the common psychoses (minor mental and emotional perturbations and aberrations) have not been studied with scientific insight.

Moral and Emotional Changes

When a woman at about the age of forty-eight shows signs of alcoholic intemperance, a craving for drugs, or becomes "converted" to a new religious creed, begins to exhibit an indifference towards her husband and children, neglects the home, develops a passionate zeal for the emancipation of her sex, or falls ardently in love with a youth, her relatives and friends are naturally curious concerning the source of this apparent alteration in character. These deviations and eccentricities are ascribed to "the change of life." But why do normal physiological occurrences frequently induce moral perversion or strangely unreasonable behaviour? And to what degree is this deviation the result of organic changes?

It is perfectly true that mental depression may be traced to ailments of the liver or the intestines, and that consumptive persons are frequently hopeful and uncomplaining. But when an athletic type of man, with a normal digestive capacity and a generally sound body, becomes abnormally anxious, or develops a fear of crossing the street among traffic, or imagines that he is being watched and

followed by enemies, we may well inquire whether the root of the trouble is in the mind and nowhere else. A blue pill may expel the gloom of a "liver subject," at all events for a time. Unfortunately for the general practitioner, an obsession, an anxiety-neurosis, or a delusion cannot be banished by sedative drugs or tonics. The mind can only be healed through the mind (the psyche, or spirit).

The dominating influences in a woman's life are religion and sexual and maternal love. Ardour of piety is seldom, if ever, dissociated from erotic ardour in a normal man or woman. There are endless instances of the eroticism of illustrious, saintly women. From the simple copulative instinct in primitive people arose the superb and wonderful passion of Love. The oldest and most potent sense is that of touch, and the physical intimacies of man and woman, even among barbarous tribes, bring forth the sympathetic emotions that are at the basis of morality and "the tribal conscience." From Love is derived a religious sense, the longing for the spiritual affinities, worship of the loved one, and the impulse of altruism and self-sacrifice.

The psychic-emotional impulse may lead one woman to the convent, another

to wedlock and happy family life, and a third, strange as it may seem, to the brothel. It is needless to refer to the enormously long list of women of great sexual ardour who have renounced carnal love for pious devotion. This sublimation of the amative emotion is within the power of a considerable number. Fortunately for the human race, the satisfaction of the supreme desire for sex-love is only attained in such a sublimated form by certain types of men and women. There are hosts of women who combine a high ethical or religious feeling with deep amorous emotion. They are not content with the vicarious forms of gratification of profound yearnings. Their ideal is marriage and maternity. And both satisfactions are eminently compatible with moral or religious fervour. A widespread "renunciation of sexuality" would bring physical and spiritual death to humanity. Asceticism is often the impelling source of morbid unchastity.

Change of religious faith at the Critical Age is common. A typical instance is that of an ardent militant Rationalist, who abandoned her philosophy suddenly, and became an equally ardent believer in the "miracles" of Spiritualists. These permutations in religious belief are wont

to occur at all the great crises of life from the dawn of puberty to marriage, and at the menopause. They may occur in the same woman at each of these stages. For example, a lady known to me was brought up in the Low Church creed till the age of fourteen, when she had a "call" to Wesleyanism. Through the influence of an elder brother, she left the Wesleyans and joined the Society of Friends at twenty-one. At thirty-four she married a Plymouth Brother, and was entirely converted from the doctrinal errors of the Quakers. Finally, about the change of life, she returned to the Society of Friends, and renounced the creed of the Brethren.

Some matter-of-fact and rather sceptical women develop mystical tendencies at the menopause. They evince an interest in "the psychic," dabble with crystal-gazing, practise automatic writing, and visit spiritualistic mediums. I know a woman who, during the change of life, spent hours of every day poring over books that professed to foretell events from dreams. Another was closely interested in a "psychic expert," who affirmed that he read character from a glove or a necktie. These articles were borrowed or purloined from relatives and friends,

and taken to the "expert" for experimentation. Fortune-tellers reap considerable profit from women of middle age.

A lonely single woman, who has not shown any strong maternal feeling, may experience a sudden longing to adopt a child during the menopause. Middle-aged, well-to-do women occasionally "adopt" a young man, maintain him, help him in his profession, and make a will in his favour, much to the indignation of relatives. A cautious and somewhat mean woman, approached by a fascinating male impostor at the crisis, will advance money to further his business schemes, or to pay a debt of honour.

The apathy towards the husband, or the family, or both is often a cause of domestic grief. Daughters are apt to find the mother unbearable at this period, and they sometimes leave the home. The mother-in-law at the menopause is frequently a source of much irritation and anger, through her tendency to meddle, to give good advice about bringing up the grandchildren, and to criticise the methods of housekeeping. I knew a woman who used to pay clandestine visits to her daughter-in-law's dustbin

to ascertain whether the cinders had been sifted.

Alcoholism

Excessive drinking has a psychotic or neurasthenic origin. It is often the result of long-endured repressions of instincts, sexual or maternal. Intemperance is fostered by grief, bereavement, disappointment with life, the anxiety of poverty, ill-health, an uncongenial environment, loneliness, and lack of absorbing interests. The habit of narcotising the brain with alcohol has been attributed to a longing to escape from oneself. More probably, in many instances, this drugging expresses a powerful yearning to realise the ego. Most drinkers begin to indulge the propensity in company. The shy, reserved, self-conscious, or self-depreciatory man or woman discovers that the first exhilarating influence of alcohol releases, or at least relaxes, the inhibition from which he or she suffers normally. There is a sense of quickened brain action, a flow of ideas, greater fluency of language, self-assurance and self-assertiveness, and an optimistic outlook upon life for the time being.

It is unfortunate that comparatively

few who resort to alcohol as a means of diminishing hindering inhibitions and diffidence continue to stop short at the primary stage of narcosis. After a time the mild dose ceases to act in the desired manner, and the quantity is increased. Moreover, the craving is heightened by every indulgence, and this cumulative desire may become insistent and overmastering. Thus, the man who thought himself dull at the outset of the drinking habit may degenerate into actual stupidity through incessant alcoholisation.

The reason why so many women with a bias for alcoholic narcotism, and some who did not appear previously to possess a longing, drink immoderately at the menopause must be plain to those who reflect upon the intensity of the depression or the strenuousness of the conflicts that arise at this period in psychotic natures. There is regret—often unfounded—for the loss of attractiveness to the other sex, a sadness at the thought that the final stage of a difficult journey is reached, and that it is too late to hope for happier days. The unfortunately married woman has but few pleasant memories of the past, and no dreams for the future. According to the traditional opinion, she reflects that she ought to

feel the winter in her blood, to dismiss romantic and sentimental notions, and to acknowledge herself an old woman who has outlived the great feminine function.

In spite of the vulgar view the perplexed woman, married or unmated, may realise that she still has visions of love, yearnings of the tender emotions, and erotic impulses. The victim of a pseudo-marriage may at this crisis desire more than ever to participate in the joy of the true mating of soul and body. The spinster, recognising that her last chance of marriage is lost, or very remotely probable, is almost sure to suffer depression of spirits when she thinks of a lonely and unloved old age. And at this very time, when beauty is vanishing and hope fails, Nature, with her utter disregard for the social condition or the moral principles of her human children, may kindle a violent flame in the virgin breast. It is these natural sexual disharmonies that impel many women to drink or drugs at the Critical Age. A passion for alcohol, in a predisposed person, may at this period sweep like a devouring wave.

The mental depression, which is often present at the menopause, may with one woman find a solace in religion and with another in the abuse of alcohol. Lawson

Tait, the celebrated gynæcologist, said that alcoholic women are always secret drinkers. "By far the larger number of these unfortunates have adopted the habit late in life as a relief from their climacteric discomfort. These are cases of insanity, and it would be a wise law which would enable us to place them in seclusion till the time of their trial is over. I do not believe that women ever take to drink from the mere love of it, or from convivial indulgence, as men do."

The view that women at the menopause are intemperate in drinking through mental distress, and not from a liking for convivial company, supports my contention that most of the trials of the period are of psychic origin. There is, however, a physical causation, as when drunkenness accompanies a displacement of the womb, or some other uterine disorder; and Tait relates that he has cured such a case by means of a pessary. Undoubtedly, alcoholic excess is one of the commonest psychopathic disorders of the climacteric. Women succumb more readily than men to the ravages of alcohol, and a considerable number of females die annually from pneumonia or delirium resulting from heavy drinking.

Jealousy, or suspicion of a husband's

infidelity during the climacteric, will drive some women to seek consolation in alcoholic drink. One not uncommon factor, according to Tait, is an affection which is sometimes classified as vaginismus. In these cases the woman endures mental distress through the suspension of marital intercourse. The membrane of the nymphæ, or labia minora of the vagina (inner lips), in a woman of over forty may become extremely tender, due to a vascular change and a morbid state. In some instances there is contraction of the forepart of the external sex organs, the vestibule, and intercourse is impossible or acutely painful. There is usually a discharge.

This mysterious disease causes much physical torture to middle-aged patients, and has a very depressing influence upon the mind. If the husband is of an inconstant nature, he may seek another woman; and in any case the wife is distressed by an enforced abstention from congress, though desire may remain normal. Attempts at intercourse by brutal husbands may result in an attack of an hysterical character, or even in suicide. There is no doubt that often-repeated coitus during the honeymoon, and in the first months of married life, leaves insufficient time for the healing

of the ruptured nymphæ. It is not the invariable rule that this part is damaged by the first embrace; but injury occurs fairly often, and the fissures are constantly irritated by too frequent intercourse. The results of sex ignorance are terrible.

The alcoholic craving may be intermittent throughout life, only showing itself at the menstrual periods, or during pregnancy. At the climacteric the hitherto temperate woman may be seized with an uncontrollable desire for spirituous liquor. She may succeed in hiding her propensity from her husband. Often the first to discover the secret tippling habit is the doctor, to the intense amazement of the husband. Forbes Winslow noticed that for some curious reason husbands are the last to grasp the fact that their wives are the victims of alcoholism. Other physicians have related cases in which the husband had no suspicion whatever that his wife was an alcoholic. The refined and well-born women are more often the victims of the drink habit than their sisters among the poor.

Among three inebriate women at the climacteric, known to me, two were childless, and one was a spinster. There is no doubt that the maternal type of woman suffers in mind and body from the depri-

vation of motherhood. The case of the unmarried woman is even crueler, for she has not even the compensation of a husband's affection.

Moral Aberrations

The tendency to deception and lying is said to be stronger in women than in men. This is not the place for a discussion upon this question. Unquestionably the worst cases of pathological lying are found among women. But it must be remembered that physical states such as menstruation, and in some instances pregnancy, undoubtedly appear to lessen moral control and to lead to self-deception. Moreover, society directly imposes concealment of the deeper impulses among women, and discountenances plain speech on a number of vital questions. Constant reticence, restraint, and self-delusion cannot result in a passionate zeal for accurate thinking and frank speaking. Nine women out of ten will vigorously deny the existence of a longing that is often almost obsessional. In ordinary "polite society" women are compelled to resort to artifice.

No doubt deceptiveness is occasionally deepened at the Critical Age. At this

period, also during menstruation, the wealthy kleptomaniac frequently pilfers small and often useless articles. Sometimes there is a temptation to steal food during pregnancy. Impulsive theft is commoner among women than among men. It is a pathological symptom, as the impulse is sudden and overpowering, without the least premeditation. This morbid acquisitiveness is considered hereditary, and is frequently noted among the hysterical.

I am inclined to associate the sex impulse with climacteric kleptomania. Some careful students of mental disease, who have received the confidences of female kleptomaniacs, state that the victims of these compulsions confess to sexual gratification at the moment of stealing, especially when the theft is accomplished with difficulty. There are among the great host of women suffering from erctic repressions, thwarted normal inclinations, and disappointment with marriage, many who discover means of vicarious or substituted satisfactions. At the change of life, when psychopathic impulses are likely to become more insistent, frustrated sexual desire may seek strange gratifications.

I will now describe some character-

istic cases which have come under my observation.

Case 1.—An unmarried woman entered a convent at the age of forty-eight, where she has remained for ten years. She is intellectual and artistic, and strongly sensual. Unknown to the majority of her friends, she has had a child, and has miscarried once. She confesses to having led “a double life.” Among her women friends she posed as very prudish and conventional in her views upon sex matters; but among men she showed every art of coquetry, and had many secret intimacies. At puberty she was intensely religious and an ardent churchgoer, but in the twenties she became a fervent freethinker for a few years. From freethought she returned to the orthodox creed, to abandon it again for Ritualism. This was followed by a period of indifference, which lasted until the menopause, when she joined the Catholic Church, and denounced every kind of sexuality, legitimate or otherwise.

In my analysis, from an entirely voluntary confession on the part of this lady, I soon discerned that sexual ignorance in childhood and adolescence accounted in great measure for the apparently contradictory “modesty”* and the powerful eroticism. There is a strong psychic

recoil against the normal expression of desire, mingled with prurience, a low estimate of love, and contempt for "the animal passions." No needful instruction was given by the mother at puberty, and there was some menstrual derangement. An acute sense of guilt for auto-erotic habits and an irregular sex life has clouded the greater part of life, and induced chronic neurasthenic symptoms. Fear of insanity at the change of life was the cause of the decision to enter a convent.

Case 2.—A mother of several children, aged fifty, showed strong erotic excitement, and developed a dislike towards her husband, after many years of apparent happiness in home life. She neglected the home, and joined a club, where she met men and women. Here she made the acquaintance of a middle-aged married man, and became deeply infatuated. She addressed passionate letters to him, and waited for him almost daily outside the school where he was a teacher. Every effort was made by her friends to prevent a scandal. Finally, the tutor was compelled to threaten legal action for "persecution."

Case 3.—A married woman at the change, who admitted that her husband had "remained her lover" throughout

marriage, showed uncontrollable polyan-
drous tendencies, and made love to a
number of young men. She pursued a
professional man who was engaged to be
married, and endeavoured to prejudice
him against his fiancée. In this example,
there was extreme sexual ignorance till
the age of thirty-two at the time of
marriage. No guidance had ever been
offered by the mother, and all questioning
was instantly silenced. Married life was
unsatisfactory, and there was a separation
at the menopause.

Erotomania and Nymphomania

Strictly speaking, erotomania is exces-
sive amorousness, which is rarely, if
ever, accompanied by impelling sex desire.
It is a psychic sentimental state arising
from a deep longing to be loved in the
spiritual sense. This emotional yearning
is a common condition at the menopause,
and a source of much domestic trouble.
Women of the erotomaniac type are wont
to speak of their "heart hunger," and
a yearning for "a twin soul," or "a
spiritual affinity." After living for years
in a more or less contented state, they
discover that the husband is "soulless,"
or "too material," or "unable to under-

stand a woman's deeper nature," or "wanting in sentiment and tenderness," etc.

The abnormally erotic sentimentalist reads fervid poetry and love tales, and has many day-dreams of a devoted, non-sensual, ethereal partner who will cherish her "spiritually." She often refuses marital relations, although her mind is obsessed with thoughts of love. Frequently, she tries to find a confidant or "soul friend" in the clergyman or the doctor. She talks of "a clean friendship," and attempts to divorce all voluptuousness from the idea of love. Such women are strong advocates of "Platonic love," without understanding in the least degree the philosophy of Plato. They write intimate letters to male "soul companions," often in a pietistic strain, and always in terms of lofty sentiment.

This pseudo-polyandrous instinct is not mere idle flirting, nor is it consciously sensual. It is a reaching out for a vicarious substitute for sex love, and may be stimulated by a life of imperfect conjugality, or by protracted celibacy. The mania may manifest itself in quite elderly women, and in the married or single. It occurs among sexually cold, or anæsthetic, women, or those who have had psychic

shocks associated with sex. I believe that erotomania is frequently associated with masturbatory practices; for it has been shown that excesses of this kind tend to produce exalted, high-flown emotional states, and a repugnance towards the "sensual element" in love.

The erotomaniac professes the purity of her ideas upon love and sex, and is apt to describe normal sex feeling as "a low appetite," or "lust." She is an idealist of an exaggerated type, without any true appreciation of the human emotions. Her idealism does not include a yearning to make others happy. She feels that she has not been admired and loved as she desires; but she shows no disposition to win love by self-sacrifice. Her sentimentality is maudlin, and is entirely different from the genuine deep emotion experienced by the truly passionate woman. In many instances, true depth of feeling has always been absent, and a spurious fervour takes the place of passion.

Nymphomania is an abnormal mental state in which there is overpowering libidinous impulse. Old medical writers on this psychosis invariably referred the cause to uterine or ovarian irritation or inflammation. Possibly a very profuse ovarian secretion, acting as a morbid

stimulus, may be the cause in some women. I incline to the view that the affection arises in the brain primarily, and that it is often the consequence of sexual repressions and prolonged abstinence from intercourse. It is probable that the uterine symptoms may be induced by the mind, just as diabetes is said to accompany protracted grief or anxiety; and I believe that the hyperæsthesia may occur without any disorder of the generative system.

The nymphomaniac is often the heir of psychopathic traits, epilepsy, and recurrent insanity. Excessive preoccupation with erotic images is a sign of the tendency. Attacks may follow prolonged and frequent masturbation, or they may appear suddenly in a subject who has practised severe restraint upon unchastity, or suffered a loveless marriage. This disorder has very different manifestations from erotomania, which has been described as "a sensuality of the brain."

Nymphomania is often a gross form of libido, which is insatiable, and cannot be appeased in a normal manner. The perversities of women afflicted with this disease are amazing. Feminine modesty vanishes, and the obsessed women will solicit any man irrespective of age or

class. Assaults and sexual criminal offences are sometimes committed by the unhappy victims of this psychosis. The only possible treatment in true cases is in temporary confinement in an asylum. Minor symptoms may be cured by psychotherapy, and in some instances sedative drugs allay the excitement temporarily. It can scarcely be doubted that aberrations of the sex impulse are associated in the majority of, if not in all, cases from painful mental erotic complexes.

Hysteria

This is a brain malady which affects a proportion of women at the Critical Age. The definitions of the disease are various, and mostly unsatisfactory. There is the archaic view that hysteria is largely shamming, malingering, or hypochondria, and the opinion that it is "a disorder of defective development of the functionally higher layers of the cerebral cortex, with manifestations of both mental and bodily phenomena in varying proportion, and occurring most in the female sex." On the authority of medical specialists, it is apparently commoner among men than among women in France.

The intellectual eccentricities of hys-

teria are notable in the predisposed at the change of life, which shows that the derangement is psychotic, and dependent in a considerable degree upon organic transitions. Hysteria, like other mental maladies of the minor type, is related to the erotic emotion. Ancient physicians described the disorder as a "suffocation of the womb." Some of the modern investigators associate it with a want of satisfaction of emotional yearning and the sexual impulse. There is not, however, a marked increase of erotic desire in every instance, for sex coldness is often a sign. Charcot announced that hysteria is hereditary, and that gout, arthritis, and diabetes in the progenitors may cause mental disturbance in the offspring.

The psychic sexual cause of hysteria is now admitted by a large number of authorities. A blow was given to the physical sexual theory when it was discovered that the removal of the internal sex organs in many cases had no result upon hysteria. The mental sphere of sex is much wider than the simply physical. When we say that hysteria is related to sex, we must be careful not to narrow the immense range of sex in the mind and the emotional and moral being. Most of our conscious or unconscious emotional

conflicts are of a psychic-erotic character, actually or indirectly ; and it is a disregard for this relationship which has stood in the way of the study and treatment of those lesser mental disorders which increase steadily in the advanced civilisations of to-day.

It is quite frequently noticed by mental therapeutists that injuries of a psychic-sexual character can exist in cases where there is no deprivation of sexual intercourse. There are many erotic complexes apparently unrelated to mere physical desire. There is an unsatisfied emotional love-longing, which is sometimes far more powerful than bodily sexual desire. This emotionality is probably the commonest characteristic of climacteric hysteria. There may be an absence of convulsive attacks, explosions of temper, weeping fits, and other striking manifestations.

We may take as fairly typical the case of a woman of forty-eight, who up to that time has lived affectionately with her husband. At the Critical Age she suddenly experiences a secret vehement passion for her husband's brother, or one of her husband's close friends. When this emotion comes into consciousness, it is immediately resisted, and indeed, it may be said, that the passion may

never become acutely conscious, but only manifest itself vaguely in dreams. Nevertheless, a keen conflict arises in the unconscious mind, that vast receptacle for the impulses and yearnings that we will not permit ourselves to entertain; and the buried complex gives rise to hysteria. Probably the hysterical symptoms will be associated with, or further provoked by, a common shock, such as being startled in the dark, or an accident; and the friends of the patient will entirely misapprehend the basic source of the mental derangement.

In the case of middle-aged women who develop hysteria, it is generally found that a mental injury of a sexual nature was incurred in puberty. This incident, which has profoundly shocked the mind and the moral sense, has been kept in the closest secrecy, and may be deeply submerged, and in some instances forgotten. We may say that there is a morbid growth, or tumour of the mind, which must be discovered and removed before relief comes to the sufferer.

The apparently baffling bodily symptoms of hysteria are styled "conversions." Mental torture passes into a physical pain, which is often more tolerable than anguish of the mind. A fit of vomiting

may symbolise a mental disgust. It is frequently noted that masturbators constantly wash their hands, and evince a horror of uncleanness. Neuritis may be a substitute for mental torture. The effort of the hysterical woman to exclude every trace of sexuality from her life is a sign of an intolerable struggle with erotic craving, or evidence that love has proved a tragic disappointment. In very marked cases there is sometimes strange erotic perversion, though the subjects assert that they are not in the least troubled by love or sex.

There is a characteristic psychic affection among spinsters at the climacteric, which has been termed "old maid's insanity." Without the extreme manifestations of nymphomania, there is a flaring up of repressed eroticism (hyperæsthesia or greatly heightened desire). Sufferers are wont to relax normal restraint, and to make love to men openly, or by subtle suggestion. It is a strange anomaly that, in spite of our tendency to live in crowds, a large number of single women very rarely enjoy the company of men. The lonely unmated woman, who has been debarred from the society of the opposite sex in the best years of her life, realises at the menopause that she

has missed masculine companionship, and makes every endeavour to appear attractive to men.

This enforced segregation of the sexes is a source of mental unbalance, and even of physical ills. The association of men and women, apart from the actual sex relation, is essential for the maintenance of sane judgments upon human emotions and for a healthy state of mind. A few unmarried women find a certain compensation for celibacy in emotional-intellectual friendships with men, and this often proves salutary to the mind. Sexual sequestration is always prejudicial to well-being. It often induces morbid sex impulses, hyperæsthesia of instinct, depression, a deep sense of loneliness and of being uncared for, and various nervous symptoms. We frequently see middle-aged single women who are rendered happier by a mild flirtation or a so-called Platonic friendship.

It is not necessary to describe the graver forms of insanity that appear sometimes at the change of life. They require skilled treatment in an asylum. It is a comforting thought that a fair number of insane women recover at the menopause. The heightened emotion-

ality, irritability, bad temper, suspicion, and jealousy so often shown at the climacteric must on no account be classed as insanity or complete irresponsibility. These are symptoms which may be accepted as fairly general, and even normal, except in those instances in which there are positive psychopathic signs. For example, if a woman lies in bed, and imagines that she is unable to perform her ordinary duties, though a medical examination shows no real indications of disease, the relatives should not hastily decide that she is insane.

I have heard a doctor state that he would unquestionably certify as insane an otherwise healthy man who has a fear of going out of doors. I can only say that if all persons of both sexes suffering from borderland psychic and neurotic ailments, such as anxiety, phobias of crowds, or of open spaces, hysteria, mild obsessions, mental dejection, sexual psychosis, neurasthenia, and aboulia, or want of will, are suitable subjects for detention we shall require at least five hundred new and spacious asylums in the United Kingdom.

CHAPTER VII

RATIONAL LIVING AT THE CRISIS

LONG and careful inquiry has convinced me that most of the "conjugal incompatibility," mental disharmonies, quarrels, and strife in marriage, frequently resulting in separation and divorce, and sometimes, especially among women, in suicide, is caused by the sexual ignorance of both sexes. It is even a debatable question whether the two sexes do not cause one another as much emotional torture as happiness. Sexual attraction is immensely powerful in early manhood and womanhood, and reciprocal feeling during courtship seems a positive sign that the pair of fervent lovers were "meant for one another." The lovely romantic dreams of the young are rarely indeed chequered by doubt, for passionate love is a species of obsession. In finely wrought brains there is a splendid idealism, and a deep and genuine wish to bring all possible joy and peace to the loved one.

It is acutely pathetic to trace the first

signs of discord between a pair of married lovers. The hopeful ecstasy of wooing promised perfect accord in wedlock, and each of the two registered the most sacred vows of perennial sympathy and tenderest devotion. Differences seemed an impossibility, the conviction of a complete compatibility prevented the slightest doubt of disharmony in marriage. Views, tastes, habits, predilections seemed entirely in unison. The physical unity appeared to be as fully assuring as the intellectual sympathy. And yet one indispensable link in the golden chain is lacking. The two might have been excellent friends for life had they not decided that marriage with one another was absolutely indicated by the deepest feelings of each. As husband and wife they are apparently quite discordant and maladapted. And they may never discover, even never suspect, the real reason.

The Love-Life of Woman

The ludicrous and flagrant errors concerning the sexual impulse in women are as numerous as they are astounding. W. Acton, a British surgeon, esteemed in his day as a classic authority, enun-

ciated the fatuous thesis that "well-brought-up" women ought to be entirely ignorant of reproductive processes. "Happily for society," declares this medical pundit, "the majority of women are not very much troubled with sexual feeling of any kind." Further, this singularly unenlightened "authority" asserts that those who maintain that women are capable of experiencing erotic desire utter "a vile aspersion."

Later, the highly experienced gynaecologist, Lawson Tait, who certainly should have known better, announced that the sexual instinct is comparatively weak in women, and that "it is found that women have their sexual appetites far less developed than men." Fehling, a German expert in the diseases of women, assured students, in an address at Basle, that signs of "the sexual side of love in a young girl is pathological." Lombroso makes a similar statement.

The idea of "the organic sexual frigidity of women" is a new one. Among the ancient sages, Manu, Galen, and later, Montaigne, there was the view that women are as ardent, in some cases more erotic, than men. Some of the Arab writers certify that sex desire is always stronger in women than in men.

Matthews Duncan, one of the greatest physicians that England has produced, said in a scientific lecture that "excessive, furious, overpowering" desire in women, accompanied by voluptuous satisfaction, may be entirely normal, and that the healthy performance of child-bearing was undoubtedly connected with "a well-regulated condition of desire and pleasure."

It appears amazing that notable obstetricians and specialists in the diseases of women, well acquainted with physiology and the nervous structure and mechanism, should remain in doubt for five minutes as to the strength of the sex instinct in the human female. The generative organs are the seat of a great network of nerves communicating with the brain and spinal centres. They are singularly influenced by emotions that appear to be entirely separated from amorous thoughts, by inner stimulation, by secretions from the ductless glands, by the odour of flowers, and a score of other stimuli. Deep grief will arouse erotic desire in some normally susceptible women; so will fear, the spectacle of cruelty, an imposing pageant, a noble landscape, a sight of the sea, music, over-studying for examinations, a funeral, a religious ritual, and

the performance of certain kinds of ascetic penance. All of these excitants, and many others, may stir sex emotion of a definite and palpable kind in normal, refined, and not exceptionally libidinous, persons of both sexes. Some of the excitants are more powerful with one sex than with the other.

Pain is very closely associated with the sex instinct in many women. Without any deviation from strict normality, a large number of women are slightly masochistic. That is to say they are gratified by the eager aggressiveness of man in love, by vehemence, and a degree of roughness. Some imaginative and refined women, when deeply in love, delight in masculine mastery, and even court absolute subjection. Others, though this is rarer, like to inflict a certain amount of pain upon the beloved one. I cannot enter here into a lengthy discussion upon the unquestioned association of pain and pleasure. It is enough to say that the range of erotic idiosyncrasy is much wider in women than in men, and that which is detestable to one woman symbolises for another the tenderest psychic emotions.

Husbands in the mass are accustomed to regard sexual irresponsiveness in

women as common and fairly normal. I have known many married men who imagined that ardour in their brides was a sign of abnormality, or an indication of previous experiences. On the other hand, I have repeatedly heard complaints of the wife's coldness or indifference in union.

It is my firm belief, after many years of investigation and reflection, that, taking each sex as a whole, the intensity of erotic desire is equal in man and woman. How, then, has the theory arisen that sexuality is feebler in woman than in man? There are several starting-points for the ascription of comparative coldness in women.

1. Broadly speaking, women fall in love consciously on the psychic or mental plane. The young girl is almost always more sentimental than sensuous, more especially when she has had no physical experience.

2. Amative desire in woman necessitates a process of arousing or wooing, which may be in some cases difficult and perplexing to the lover. The bride-groom, failing knowledge and tact, may cause revulsion on the bridal night, and the first scene in many of the tragedies of matrimony is enacted during the honeymoon.

3. The passivity of women in the sex relation has been overstated and misunderstood. It is biologically correct that the females of all species from insects to mankind assume a semi-resistant attitude towards the male. If the female is not attracted by the wooer, she plainly refuses him. But in the play of selection, which is part of a great natural law, every female exhibits some degree of timidity, caution, and coyness before finally yielding; and this hesitation is an essential of the state of receptivity which she ultimately attains. By deferment the woman heightens both her own inclination and that of the suitor. If, however, the wooer mistakes the show of resistance, and is disposed to give up the contest, the passivity of the woman is soon relaxed, and, in common speech, she "meets him half-way." The passivity of women is indeed more apparent than real; and in some cases the advance may come from the woman's side.

4. Modesty, which is a native quality in women, is tremendously accentuated among the civilised races, and often becomes exaggerated, or degenerates into the veiled eroticism known as prudery. Hence the impenetrable reticence of a vast number of women concerning the real

state of their emotional and sexual natures has led man to the false belief that women are deficient in erotic sensibility.

It is doubtful whether there are any real instances of congenital or innate "frigidity" in women, if we except the rare cases in which there is an absence of essential sex organs. On the other hand, apparent, or pseudo, anæsthesia is far from uncommon; and some investigators have deduced that at least from fifty to seventy per cent of women are "naturally cold." Now, it is well known that a wife who was entirely irresponsible in a first marriage is frequently very ardent in a second union.

Positive sexual anæsthesia (frigidity) is entirely abnormal, and is sometimes dependent upon an undeveloped state of the generative apparatus and the external organs. We cannot accept vaginismus (contraction of the vagina) as anæsthesia, because desire may co-exist with this disorder, or with any other that renders intercourse difficult or painful. Disinclination for the conjugal embrace at certain times in the month may be pronounced. But this is not pathological coldness.

Most cases of impotence for intercourse, or lack of ardour, are of a psychic

character, and may be associated with hysteria. A married couple may live happily for a considerable time, and the wife may suddenly exhibit indifference to, or a real loathing for, the sex act. The exciting factors may be venereal or other disease in the husband, drunkenness, dishonourable conduct, deception and lying, bad temper, maladroitness or brutality in the physical union, personal uncleanness, unpleasant breath, sexual perversion, and waning sentiment, among other inhibitions. A very frequent cause for a want of desire, and an incapacity to experience the orgasm in conjugal union, is the ignorance of the husband in regard to the psychic and physical nature of his partner. Many cases of apparently hopeless frigidity can be cured by the advice of an experienced sexologist. One conversation with the husband may suffice to banish a source of serious unhappiness, and prevent a separation.

Married Love at the Critical Age

I have tried to lay stress upon the fact that the health and well-being of woman depend greatly upon her emotional and physiological love relations. Nature has contrived that the satisfaction of the nutri-

tional need, or eating and drinking, shall be attended with pleasure to the nerves. That an absence of enjoyment, or imperfect gratification in eating, is a sign of illness is perfectly well known. It is less commonly recognised that a lack of enjoyment in the exercise of the reproductive act is a symptom of bodily or physical disorder, and that it may have serious results upon mental and physical health.

A well-regulated conjugal life is unquestionably a preventive of maladies in women, and a means of conserving physical beauty, cheerfulness and contentment of mind, married harmony, and close affection. It is necessary to repeat again that sexual relations, under the conditions of reciprocal love and right hygiene, are very beneficial to the female organisation in all parts, from the brain to the digestive organs. The instances of the alleviation and the cure of general, as well as specific, feminine ailments through the healing agency of a marriage of love are exceedingly numerous, and in some cases astonishing.

Healthful and happy conjugality is even more essential for the metabolism (bodily chemistry) of women than of men. We know that this chemistry is more liable to derangement in the female than in

the male sex, and that there is a continuous interaction of the brain and the internal secreting glands. The activity of the ovarian secretion is associated with vigorous action of the generative system, with energy, courage, and spirit, and strong erotic emotion. An abnormal excretion of one of the salts of the body will influence the mind, and may produce aberrations.

The mind and the body of a normal woman cry out literally for sex love and maternity. Often, among the refined classes, the dream of the virgin is for motherhood, and her strongest secret desire is for children. This yearning may accompany powerful longing for the love of man; but there are instances in which the procreative instinct is much keener than the erotic, and especially before marriage. It is not easy to decide whether the woman of a strongly sensual nature, who shows no maternal feeling whatever, is strictly normal. We have to admit that such women are not entirely rare. There is also the sexually cold woman who is intensely maternal. The masculine woman, who is not conspicuous for her love of children, is a physical type, with male characters in her body and her metabolism. Lacking the normal secre-

ting energy of her sex, she may remain fairly content, and even quite happy, without conjugal love and parentage.

The plainly feminine woman craves sex love and children. She looks womanly, thinks womanly, and functions normally in a womanly fashion. She menstruates healthily, and she is usually capable of suckling her infant. Her sister may be an almost opposite type of femininity, with feeble passion, or none, ill-formed breasts, a manlike form and manner, and an indifference towards, or contempt for, love and sentiment. Now, if the womanly woman, manifestly shaped by Nature for psychic and physical love and for child-bearing, is cheated of the fulfilment of her profoundest desires—remains an old maid, or is defrauded of her natural and proper satisfactions in marriage—how can she expect to maintain complete soundness of body and perfect mental sanity? What will be her fate at the Critical Age?

Upon approaching the age of forty-eight, a great number of women are depressed by the reflection that they will soon lose the desire and the capacity for conjugal intercourse. They accept the current, entirely fallacious, view that the cessation of the monthly periodic function marks the eventful epoch when they

“ought” to have “winter in the blood,” and to renounce one of the sources of marital affection. In the future it is their duty to live “platonically” with their husbands, and to banish erotic impulses. If they yield to the husband’s opportunity, they may consider that such acquiescence is an act of self-sacrifice, pardonable only because it is unselfish in motive. And not only are women at this crisis wont to imagine that the incapacity for conceiving is plain proof that erotic desire should cease, but they are also much perturbed by the thought that they are no longer attractive to their partners. The middle-aged virgin woman gives up all hope of love, and the wife reflects that her wifely life, apart from interest in the grown-up children and domestic affairs, is at an end.

This dangerous misapprehension is the cause of untold mental and physical distress at the menopause, and in the after-life. The wife resolves from a sense of duty, inculcated by old traditions and fables, that it is now her part to live a celibate life in wedlock, and in some cases the husband approves on alleged moral or hygienic grounds. Frequently, the wife is dismayed by the reflection that her husband is still vigorous, and that middle-

aged men are apt to fall in love with young girls. The tendency to jealousy, so often noticed at the change of life, receives strong impetus from the wife's secret musing upon this difficult situation. She is suspicious about her husband's letters; she suspects a possible rival in her friends, and she is prone to imagine all kinds of trouble when the husband is absent from home.

Sometimes the husband shows coolness, indifference, or neglect. He may have found married life and the conjugal act disappointing, through a mistake in selection, or through his imperfect knowledge of the emotional and physical needs of women. In these cases the husband may be unfaithful for the first time. He may form a clandestine connection, or resort to women of the courtesan class. Many men of sixty, and many years older, are still sexually potent, and indeed at the age of sixty there is often an exacerbation of sex desire (hyperæsthesia).

More poignant still is the position of the woman who actually discovers her amorousness for the first time at the approach of, or during, the menopause. Such instances are not very uncommon. The age of the first appearance of amative

desire is extremely variable in women. It may manifest itself at puberty, at twenty-five, thirty, thirty-five, forty-five, or even much later. A chemical change in the body may set up very powerful yearnings of the psyche and the body at any age from the beginning of menstruation until after the climacteric period. There is no fixed rule determining the onset and the cessation of the sexual impulse in women or in men.

Many women do not awaken fully to the passion of love until thirty. This age is often accepted as marking the stage of the highest capacity for love and conjugal intercourse in women. Moreover, some women do not experience joy in marital union until after the birth of a child, and during suckling. Others remain indifferent or anæsthetic until a great emotional happiness, good fortune, or a restoration to health after long illness, tones up the system, and improves bodily function.

The extinction of the sexual impulse may occur at a very advanced age, or at thirty-five, so great is the variation in sex potency. It has been recorded that when Lord Kames, the philosopher, asked a Scottish woman of over seventy when amative desire ceased in her sex, she

replied that he must inquire from an older woman. I know a mental physician who has found the auto-erotic habit in a woman of over seventy. Several famous and much-admired women, such as Ninon de L'Enclos, had love affairs in old age. We have seen that the monthly function may be renewed long after middle age and the climacteric change.

The girl who begins to menstruate freely at thirteen shows a great interest in the other sex, and is addicted to flirting and coquetry, is powerfully sexed, and will retain her vigour to an older age than one who is undeveloped, whose first monthly period is delayed, who suffers from scanty or repressed menstruation, and is not attracted by men. Can we lay down exactly the same rule of sexual life for both of these common types of womanhood? The first is evidently a favourite of Nature, who has formed her for racial functions, and the other may be sub-normal sexually, or wanting in erotic emotion.

We know that sex power in both sexes is usually accompanied by energy in other matters, and is, in all normal cases, a sign of health. Prolonged disuse of organs and functions tends to derangement, premature loss of sex capacity, and in some

instances to atrophy of the emotions and precocious degeneration of the organs themselves. If the feeling and the aptitude for marital intercourse cease at the menopause, it is a sign of the near approach of a more or less infirm old age. No doubt there is often a diminution in the stimulating thyroid and ovarian secretions before forty-eight, but this is not always the rule. Moreover, erotic emotion can survive the actual extirpation of the ovaries and the tubes. It is well known that ovariectomy may fail to cure nymphomania, and that castrated men experience sexual erethism.

The psychoses of the menopause are due in a very large number of instances to inner conflicts, partly conscious, and in a greater degree unconscious. Conscious regret at the waning of beauty, the appearance of obesity, and the idea that the love-life is at an end is quite sufficient in itself to cause disquietude of the mind or real depression of spirits. This cause alone may produce somewhat abnormal mental states. When there is a deeply buried complex in the unconscious, there may be profounder and more serious psychopathic symptoms.

It is very unwise to ignore the fact that erotic inclination very frequently

remains unextinguished till some years after the menopause, and that it may endure till an advanced age. The premature ageing of many married women is due to the premature abstention from marital intercourse. The same rule applies to husbands. Healthy conjugation is unquestionably both tonic and sedative for many persons, even in advanced middle age. A psychic objection at this time to intercourse may in itself induce conflict and depression, and the struggle against desires falsely considered to be unnatural, morally wrong, or unworthy, may become harassing to the point of insanity.

Muddled religious, moral, and prudish views of the sex relationship are the rule rather than the exception. Imagine the case of a girl educated in a convent school, who is in every respect feminine and emotional. She is told that the exposure of her own body when taking a bath is highly immodest. This engenders an entirely morbid sense of shame, and sets up an extremely bewildering conflict between the love emotion, characteristic of adolescence, and the religious feeling. The desire for man's love, for the wooer's tender words and kisses, must be dismissed as unholy. Is not "fleshly love,"

according to the surviving tradition of the Middle Ages, a terrible lure, and of itself an evil? But love often proves the victor in the conflict when the girl goes into the world and meets an admirer who appeals to her womanhood.

Falling in love and the intimacies of marriage involve a complete re-education of the virgin mind trained in the conventional fallacies. If the girl's excessive modesty-complex is very marked, she may never rid herself of ideas and restraints that threaten the happiness of herself and her future husband. Shame-facedness mars the rapture that love should bring to her soul and body. She is haunted with self-reproaches for desires that should accompany the finest spiritual flowering. The result is often neurosis, sexual psychosis, and, in extreme cases, "religious mania." At the menopause there will be mental disturbance through the combat between tabu ideas, resistances, and recoils opposed to primal and natural yearnings.

It is women of this upbringing and neurotic temperament who resort at the Critical Age to alcohol, drugs, or hysterical piety, or take refuge in "neurasthenia." They may even show physical symptoms of disease of a vague character,

and substitute chronic invalidism and lying in bed for the mental distress. I have known cases of strong women at the climacteric affirming that they were too ill to leave their beds for months. Yet physicians cannot discover any true pathological symptoms in such patients.

Nevertheless, these women are ill, and are to be pitied greatly. Their psychic-emotional sufferings are often torturing, and more intractable than most bodily diseases. They seek solace in the sympathy of the husband, the children, and relatives, or embrace a highly emotional, new-fangled mystical creed. Sometimes they leave the home, and announce that they intend to live by themselves. Some make a round of various spas and medicinal baths, where they are treated for more or less imaginary ailments. They go from one medical specialist to another for advice, and are diagnosed as typical hypochondriacs or "nervous subjects."

It must not be supposed that such patients are wilful malingeringers, or lacking in intelligence. They are frequently very estimable and lovable women, with hypersensitive consciences, sincere religious convictions, and moral earnestness. Their irrationality is not the outcome of mental deficiency. It is a result of

misguided "education," hyper-affectability, and the conflict between the erotic emotion and the moral codes in which they have been reared. Usually, the predominant aim is to be "good," and their problem is a reconciliation of cherished fable with scientific fact or overwhelming emotion.

What are the facts? The climacteric often gives rise to a revival of sexual emotion. This may occur during the change or afterwards. The older pathologists were accustomed to follow the common traditional view that the cessation of the menses "ought" to signalise the cessation of erotic activity. When they found that many women do not cease to desire conjugal union at this period, they rarely, if ever, took the pains to inquire whether this desire was not natural in a vast number of instances. They described it as "pathological," or "abnormal," or "morbid," and they sought for physical causes. One of the alleged causes was ovarian irritation, whatever that may mean.

We must remember that even now, notwithstanding many treatises on the topic, we know comparatively little concerning the nature and manifestations of the sex impulse in normal women. Fifty

years ago the ignorance of this subject was profound. We need only refer to Acton and writers of his period, or to novelists of that day.

The opportunities for questioning intelligent normal women upon the *vita sexualis* are scarce. Most of the information collected is from patients, either physical or mental; hence, although we have now considerable data about pathological states, sexual neurasthenia, and some of the psychoses of sex, we have still somewhat scanty knowledge of the average and ordinary sex manifestations in women. Therefore, there are still some doctors, and a very large number of lay persons, who believe that marital rites should cease at the menopause. We are told that the "exacerbations" of sexual energy at this period are "morbid." Undoubtedly, nymphomania is pathological. But is a moderate access of erotic excitement at forty-six or fifty to be classed as abnormal?

I believe that the retention of sexual vigour in middle age is a sign of health in man and woman. Such virility is almost invariably associated with general energy of mind and body. We know beyond question that deferment of the exercise of sexuality in the adult means

a curtailment of the period of potency. The man who has postponed all sex relations until thirty-five will lose his capacity earlier than the man who marries at twenty-four, and has led a regular sexual life. I see no reason for doubting that the same rule holds good in the case of women.

In the strictly celibate spinster of forty there are often marked signs of both emotional and physical æsthenia, and in some cases atrophy. Disuse, as well as abuse, can produce premature waning of sexual force. In middle-aged unmated women there is not infrequently hardening of the ovaries and signs of age in the sex organs. We do not find these signs in the woman who has led a normal sex life, and escaped disorders of the generative system.

Natural Hygiene

Moderate intercourse during and after the menopause is a preservative of general sexual health and a mental and nervous sedative. Women who forego connection at the crisis frequently develop signs of age, and begin to suffer some of the disabilities of senility before their time. The beneficial influence of the continuance of

conjugal embraces is most marked upon the mental and emotional being of many women. There is less irritability, nervousness, sensitivity, bad temper, and depression of mind. The process of the menopause is in most cases aided rather than retarded by marital intercourse.

No doubt excess is even more injurious at this period than in earlier life. Each married pair must decide for themselves the question of frequency. If the act is followed by sedative effects, or exhilaration of the nervous system, a general sense of well-being, and no interference with sound sleep, and the capacity for work, the beneficial result is palpable. On the other hand, if irritability is caused, or increased, if insomnia results, and depression follows on the next day, the cause must be sought in immoderation or imperfect satisfaction. Further, there may be instances in which extreme moderation is indicated; while in rarer cases desire may be annihilated, and coitus should cease.

The stimulation of eroticism in middle age by artificial means cannot be considered salutary. Specialists in sexual impotence are not very infrequently consulted by old men whose powers are ceasing. I am inclined to think that

in the case of vigorous women the sex impulse may last even longer than in men of equal vigour. Bloom, an American physician, has found erotic desire persisting to a very advanced age in women. In the course of an inquiry among four hundred women, he discovered a woman twenty years beyond the change of life who had married again, and was seventy years of age. She affirmed that inclination and satisfaction were the same, if not greater, than before the menopause. Other physicians of high repute have testified to the persistence of desire in elderly women as a not uncommon phenomenon.

It is clearly impossible to fix the period when the emotion of love and its attendant longing ceases in woman. Blair Bell brings forward a large amount of evidence showing that the cessation of ovarian and thyroid secretion banishes finally all sexual desire. It has not been proved, however, that these secretions cease suddenly at the menopause. Moreover, we know that the sexual impulse can exist after the removal of internal reproductive organs. While I am convinced that the internal ductless glands and their hormone fluids play a very great part in the arousing of amorous

emotion, I am equally convinced that the emotions may arise in the mind with no other primary stimulus than the psychic. It is highly instructive that the complete removal of the uterus, ovaries, and Fallopian tubes sometimes *increases* sex desire and heightens pleasure. Several cases have been recorded by gynaecologists. I think it must be admitted that erotic excitement and gratification can be experienced independently of the action of internal glands.

There are cases of women with imperfectly developed sexual organs, or organs of a small and rudimentary character, who could nevertheless experience sexual passion, and obtain gratification in other parts of the body. The glandular causation of erotic emotion cannot hold good in every case. What is to be said concerning passionate women who have been born without sexual glands? And of men who do not produce sperm?

As I wish to avoid an indiscriminate advocacy of intercourse in every case during and after the menopause, I must point out that one or two medical writers have referred to the risk of aggravating uterine and internal symptoms by coitus at the crisis. If there are inflammatory signs rest for the organs is undoubtedly

indicated. There may be instances, too, of a psychic disinclination, which should be scrupulously respected. During the actual change some women may be more or less indifferent; but there is often a return of normal desire and aptitude after the period. Indeed, the erotic libido is often more powerful after the Critical Age than before, which accounts for the late re-marriage of many widows and a fair number of spinsters.

It may be necessary here to state again that the sexual act is not simply procreative, but has other uses. Congress for reproduction alone might occur but twice a year during eight or ten years of married life, and result in the birth of six or more children. How many of the couples who profess that intercourse should only be practised for conception limit themselves to this degree? We talk of "Nature's way" without any attempt to determine what it really is. Why does sexual feeling persist after menstruation has ceased in the great majority of women? And why is not desire annihilated in sterile women and impotent men?

Manifestly, Nature has another purpose in view besides the simply racial when she incites the sexes to love union. More-

over, it is not found that protracted sexual abstinence favours procreation. Vecki has shown from microscopic investigation that spermatozoa are scarce and often absent after long periods of continence. Undoubtedly, conjugal relations serve an important purpose apart from reproduction. This union of the sexes is beneficial to man and woman, physiologically, mentally, and emotionally.

Marriage at the Menopause

If we are to live in accord with the notion that married intercourse is only permissible for racial ends, there should be conscientious objection to the marriage of a woman at middle age. There is, however, frequently as strong a longing for love, companionship, spiritual affinity, and marital intercourse at fifty as at twenty-five. We may say, indeed, that the capacity to win love, to retain it, and to reciprocate it fully may be greater at fifty than in earlier years.

Experience of life and of the human heart is a valuable factor in wedlock. The widow who forms a sympathetic union after the menopause increases her chances of happiness, health, and long life. There is little doubt that widows

often suffer more than spinsters from enforced celibate living. There can be no risk in the remarriage of a vigorous middle-aged woman who has passed through the change and taken a fresh lease of healthy life. On the contrary, the effect may be the very reverse of dangerous to health.

In the case of the elderly single woman who marries at this age, there is some risk, though much depends upon constitution and temperament. Mental adaptability to the ideas and tastes of a husband at fifty is less easy than in the more plastic period of the twenties. Nevertheless, there are maiden women who have moved freely in society, and gained a very fair insight into masculine human nature, and for these marriage may provide a consolation in old age.

The marriage of an elderly virgin with a young man cannot be recommended as likely to prove eminently satisfactory to both persons. Still, there are instances of an old woman gratifying her maternal instinct by "mothering" a young husband, and furthering his career in life. The chances of success in such unions are, however, very dubious. It is better for the spinster of advancing years to wed a man of about her own age, and

perhaps preferably a widower. There are certain physical risks for the woman after many years of strict celibacy. The organism has probably become thoroughly habituated to the single life, and there are usually some signs of senility in the sexual system. Conjugal intimacies may, or may not, prove beneficial. Even an experienced physician may be unable to give a definite opinion. Usually, the main incentive to these late marriages of single women is a seeking for companionship and a home, and in some instances there is but little of the passionnal element in either of the partners.

I have seen the unions of middle-aged spinsters prove successful, but also I have seen the reverse. A vestal life of thirty years may have extinguished amativeness, or caused actual frigidity. Moreover, long-continued auto-erotic habits, which are far from uncommon in celibate women, very frequently result in a positive repugnance against normal intercourse. In such cases the husband is likely to experience disappointment, or even resentment, and conjugal happiness is out of the question. Excessive masturbators of both sexes are rarely happy in matrimonial life. Their emotions are self-centred, and frequently they are more

or less impotent in the normal relationship. Women with this propensity occasionally refuse marital union although they are quite ready to marry, and many are incredibly prudish in regard to all "carnal" matters.

Rational Treatment of Mental Symptoms

Many women suffering from delusions, impulsions, melancholy, anxiety, and obsessions are sent to asylums in middle age. It is not too much to say that a large proportion of these so-called insane persons are not proper subjects for asylum treatment. The unconscious conflict that has produced the psychic lesion can often be banished by therapeutic measures in the home. Success in treating cases by psycho-analysis is perhaps more probable before fifty than after that age. Much depends upon the nature of the disturbance and the intelligence of the patient. Undoubtedly every minor psychosis, after long neglect, may become positive insanity in advancing years.

I have emphasised the natural method of hygiene, and I have evidence that psychic symptoms often subside and disappear if this is practised. But it would be rash to counsel post-climacteric

intercourse to a woman whose mind bristled with ethical or other resistances. In this case, it may be necessary to seek the aid of a skilled psycho-analyst, with the object of gradually and gently breaking down the resistance. No amount of ordinary "argument" by the husband or anxious relatives will bring conviction. There must be tactful re-education by a trusted and experienced therapist.

Massage, electric treatment, drugs, change of scene fail in most cases to remove the psychoneurotic troubles of the Critical Age. I do not suggest that these means are always entirely worthless, because much depends upon the sufferer's faith in any kind of healing process. But we frequently see "nerve patients" who have tried various methods without any palpable improvement in their mental and emotional state. Everything may have been tried except treatment through the mind itself, and the patients become more and more perplexed by their symptoms, and may give up all hope of recovery.

CHAPTER VIII

WOMEN IN OLD AGE

WALT WHITMAN affirms that the old are more beautiful than the young. He compares old age to an estuary that widens before it flows into the ocean. When a woman speaks with regret of growing old, she dwells upon the loss of physical charm, and apprehends the trials of senility. The term "senile decay" calls up a picture of dotage and second childhood. We fear the senescent period, because we are too apt to associate it with tedium, bodily ills, and infirmity. We forget that many old persons are hale, contented, and tranquil.

The autumnal years of a woman's life may be her happiest spell. Whatever may be said in praise of passion, it cannot be gainsaid that the ardent emotions of youth and the adult stage until advanced middle age are fraught with stress and pain. It is not possible to "warm both hands before the fire of life" at all times. Often, the fire is dull and the winds of adversity are chill. Peace follows a sur-

cease of yearning. In our declining years our ambitions and longings are rarely insistent. We have entered the haven. We cease to dread old age when we have reached it.

Stendhal said truly that "spiritual pains are softened by time." As we grow older the capacity for suffering emotional throes associated with the vital impulses necessarily diminishes. We are not assailed by perplexing wishes. We have outlived the storms. There is no more silent, eager waiting for adventure. We become resigned to a brief and uncertain future, and live in memories of the past. The passionate love of the thirties merges into the broad sympathy and the benevolence of the aged parent. We find our chief pleasure in aiding the young who are at the outset of their life's journey.

The boredom of old age is not an inexorable penalty. Many elderly women are less bored at seventy than they were at twenty-five. Much depends upon physical health, but more upon the constitution and development of the mind. If the principal concerns of life have been simply eating; sleeping, and dressing, senility is bereft of its greatest consolations. *The unused or indolent mind*

grows old prematurely. The exercised brain remains inquiring, active, and interested to the end. There is no better way for the conservation of interest in old age than the maintenance of a vigorous and impressionable mind. It is true that the brain becomes less sensitive to new ideas in senescence. But what hope is there for the brain that became petrified at thirty or forty? Even an absorbing hobby, such as gardening or fishing, will help to keep the young brain alive in a senile skull.

A miserable or discontented old woman is seldom loved. On the other hand, some grandmothers win the deepest affection of the young, and create a serene home atmosphere. Derision of the "old wife's tale" is very often a cheap jest of the foolish. I cannot imagine a better counsellor in many of the tangles of life than a thoughtful, warm-hearted aged woman, who has lived and loved, borne and reared children, watched them grow to manhood and womanhood, and reviewed her life anew in their loves, their difficulties, and the birth and up-growing of her grandchildren. Surely the sex that moulds us in the womb, directs our infantile thought and conduct, arouses our first massive emotions in early manhood, and stimu-

lates and inspires our finest actions should possess the wisdom of the sibyl. In all ages mankind has sought the monitions and the guidance of the Wise Woman.

I trust that I have made plain the importance of a healthy and normal emotional and love-life for women. The words *woman* and *love* are synonymous. Love is the supreme need of every normal woman. Love is the great and only adventure open to the vast mass of women. With women life is love, and love is life. A woman may excel a man even in those fields of culture or activity which are often regarded as exclusively masculine. She may exhibit a virile force of mind, conspicuous wisdom, and great originality. But so long as she is a human female, with feminine structure, metabolism, and function, she will rank the love of man and of offspring as the greatest thing in life.

Only a proportion of men rate love as the one and all-important matter in the earthly pilgrimage. I use the word love here in its widest connotation. For a man, it may be said there is the wide world; but for a woman there is only the hearth. While women remain women in the racial sense their world will be the home. They are not the fighters, the hunters, the explorers.

Having stressed the imperious need of conjugal and maternal love for the fulfilment of womanhood, for health of body and sanity of mind, I wish also to emphasise the immense significance of humanistic education as a means to the same end. Many women are at the mercy of their misapprehended emotions. They know nothing of the first causes of their femininity, and they do not seek to inquire. I am well aware that, after leaving school, the great mass of women have scanty leisure for self-culture. Our social life is so grossly disorganised that millions of women are merely household drudges from adolescence to old age. Nevertheless, there are more fortunate women who take no advantage of their opportunities for broadening their minds, and proving themselves capable of training their children. They stagnate mentally, and to this stagnation of the mind must be attributed some of the psychic ills of womanhood.

An elderly woman without culture, hobbies, a love of art, or any interests over and above the domestic employments, may find herself no longer obliged to spend her energy in household affairs. Many men of corresponding years are afflicted with the tedium of life at middle

age. But the number of women of a like age, and in similar pecuniary circumstances, who have no resort for sheer ennui except hypochondria or neurasthenia, is enormous. I wish to insist that mental interests and activities are essential for maintaining a healthy physical and psychic balance during the change of life and afterwards.

The men who discourage intellect in women deserve the monotony of living in old age with a companion whose puerile mind is void of entertaining thought. And any woman of ordinary intelligence who imagines that it is her duty to cultivate childishness, and to show no interest in the problems of life, in order to retain her husband's affection, is undoubtedly preparing herself for a sad or a dull time in the closing years of life. Tens of thousands of men and women grow old before their time, and suffer the acutest forms of the mental depression of senility because they have allowed their brains to atrophy. *The stupid age early.*

I repeat that the Critical Age signifies a *change* and not *decadence*, and I wish to impress the fact that the cessation of a feminine function may result in a species of rejuvenescence. I will even go further, and express the opinion that all women

would feel better, physically and mentally, after the menopause, if they began the menstrual life wisely, understood a few physiological laws, interested themselves in the psychology of their sex, and thus rendered themselves more competent to form sound judgments upon the conduct of the erotic life, conjugal responsibilities, and the upbringing of a family.

After all, the chances of health and the chances of life are higher among women than among men. Undoubtedly, the adventurous, aggressive, restless male human being often curtails his span of years by alcoholic and other excesses. Women sometimes ask what advantages they possess compared with men. Physically, men are more frail than women. It is easier for female than for male children to be born. Most still-born children are males. In one hospital alone sixteen male infants to only one female infant died within half an hour after birth. An hour after birth two females died and nineteen males. Teething is more difficult in boys than in girls.

After thirty the mortality among men is far higher than among women. Only a very few men live to be centenarians. Girls recover from all illnesses, except perhaps diphtheria and whooping-cough,

more quickly than boys. Male children die from scarlet fever more readily than female. Fewer women than men die through influenza, kidney affections, bowel complaints, and diseases of the arteries. Among adults cancer is the only disease that is more prevalent in women than in men. The number of aged lunatics is less among women than among men.

Considering the disvulnerability of women, and their marvellous recuperative power and tenacity of life, they should have much better health than men throughout life. But the conditions under which women live, either compulsory or voluntary, are inimical to physical and mental well-being. Indoor and sedentary life, vitiated air, poor feeding and injudicious feeding, faulty general hygiene, severe and protracted repression of the amative and parental impulses, muscular and nervous strain during pregnancy, insufficient rest after delivery, and too frequently recurring pregnancies are among the factors that menace the well-being of women.

A distorted, prudish, shamefaced estimate of sexual processes is another grave factor of ill-health. Not only is the mind influenced by this false attitude; there is

a serious reaction upon function. It is becoming more evident year by year, through the researches of scientific mental therapy, that in the vast majority, if not all, of the hysterical and psychotic ailments the primary source is to be found in sex complexes..

There is no reason why the healthy woman should fear the Critical Age. Unfortunately, the proportion of perfectly healthy civilised women is not very great under the present conditions of living. But allowing for this, there is no need for apprehension in the majority of instances. Disorder at this period is preventable. The mental disequilibrium is due, as I have tried to demonstrate, to irrational thinking and acting. Most of the troubles of women associated with the reproductive life can scarcely be described as "natural."

St Clement said that "woman is a tender thing, easily hurt." We may add that all mankind in civilisation are somewhat "easily hurt." But with this capacity for pain, there has developed a compensatory intelligence, which teaches how this "tender thing," the human body, may be protected against injury and disease. We are only at the beginning of a sane sexual hygiene, but the

signs are inspiring. We are beginning to recognise the immense importance of a normal psychosexual life for the preservation of a sane mind and a well-functioning body.



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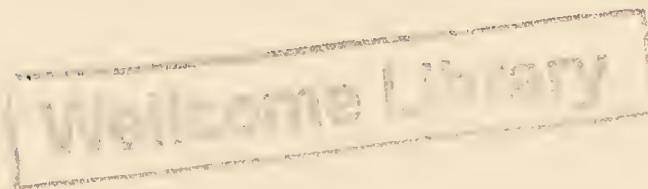
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